

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002615

1. Entity Name

SUNSHINE GUARDIANS, INC.

Principal Place of Business

4908-1 STATE ROAD 54
NEW PORT RICHEY FL 34652

Mailing Address

PO BOX 30
NEW PORT RICHEY FL 34656-0030
US

2. Principal Place of Business

5024 Trouble Creek Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

Country

34652

USA

City & State

Zip

Country

4. FEI Number

59-3507838

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASELHUHN, DORIS
4908-1 STATE ROAD 54
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5024 Trouble Creek Rd.

City New Port Richey

FL

Zip Code
34652

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Doris Haselhuhn
Signature, typed or printed name of registered agent and title if applicable.

VP/Sec. Treas.

(NOTE: Registered Agent signature required when reinstating)

03/07/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VTSD	<input type="checkbox"/> Delete
NAME	HASELHUHN, DORIS	
STREET ADDRESS	7545 BANNER STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VOIGT, MARGRET	
STREET ADDRESS	7704 SYLVAN DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYKO, RICHARD A EA	
STREET ADDRESS	6224 KELLER DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris Haselhuhn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/00

Date

(727) 848-2929

Daytime Phone #

CR2E037 (9/99)