

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002313

1. Entity Name

SUNSHINE SKYLINERS, INC.

Principal Place of Business

4642 HALL RD.
ORLANDO FL 32817

Mailing Address

4642 HALL RD.
ORLANDO FL 32817

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3571295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, CLAYTON M
4642 HALL RD.
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME ELLIOTT, CLAYTON
STREET ADDRESS 4642 MALL RD
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE TD
NAME ELLIOTT, BILLIE J
STREET ADDRESS 4642 MALL ROAD
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE D
NAME MACDACHRON, SCOTT
STREET ADDRESS 2511 NE 20TH AVE
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MACEACHRON
STREET ADDRESS 2511 NE 20TH AVE
CITY-ST-ZIP LIGHTHOUSE PT, FL 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Clayton M. Elliott 407
CLAYTON M. ELLIOTT 6/4/01 257-4443

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90003 029 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)