

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90010 033 ****61.25

DOCUMENT # N99000004789

1. Entity Name

THE FLORIDA SUNSHINE POPS, INC.

Principal Place of Business

Mailing Address

**1420 NORTH SWINTON AVENUE
 DELRAY BEACH FL 33444**

**C/O STAHL & ASSOCIATES PA
 138 NORTH SWINTON AVE
 DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0937204

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRER, JOSEPH
 1420 NORTH SWINTON AVENUE
 DELRAY BEACH FL 33444**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERRER, JOSEPH	
STREET ADDRESS	1420 NORTH SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUTLER, LULA	
STREET ADDRESS	100 NW 1ST AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALELLO, CHARLES	
STREET ADDRESS	23368 MIRABELLA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVENDISH, TOM	
STREET ADDRESS	12037 N.W. 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYMAN, RICHARD	
STREET ADDRESS	4200 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLY, TINA	
STREET ADDRESS	11300 SUNDANCE LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph Ferrer* JOSEPH FERRER 1-17-2002 561-276-8085

CR2E037 (9/01)