

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001269

1. Entity Name

SONSHINE PAINTING & PRESSURE CLEANING, INC.

Principal Place of Business

8738 WHISPERING OAKS TR  
NEW PORT RICHEY FL 34654

Mailing Address

8738 WHISPERING OAKS TR  
NEW PORT RICHEY FL 34654

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615044

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

AGAZARM, ARTHUR J  
8738 WHISPERING OAKS TR  
NEW PORT RICHEY FL 34654

Name

SAME

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME AGAZARM, ARTHUR J  
STREET ADDRESS 3507 WILSON  
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SP

CR2E034 (10/00)

pg 1 of 2  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 AUG -7 AM 9:40

Attachment  
#P0000001269

pg 292

7/26/01  
To Whom it May  
Concern,

I Apologize for My  
Pymt being Late the  
REASON IS I WAS  
up North in OHIO, PA,  
NJ, Helping family  
left this form Buried  
on My Desk I would  
ASK that you wave  
the Late fee Due  
to My large family  
I've experienced some  
financial Set backs  
And having to Make  
some Adjustments in  
My Life Thank You,  
Sincerely ART AGAZAR