FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90034 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002940

1. Entity Name

SUNSHINE STAINLESS, INC.

DO NOT WRITE IN THIS SPACE

B0061564

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
122 WEST LAUREN COURT	122 WEST LAUREN COURT
	Suite, Apt. #, etc.
City & State: FERN PARK FL	City & State: FERN PARK FL
Zip: 32730 County: SEMINOLE	Zip: 32730 County: SEMINOLE

4. FEI Number: 59-3622514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN M. LAPLACA

Street Address (P.O. Box Number is Not Acceptable): 122 WEST LAUREN COURT

City: FERN PARK FL 32730

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: John M LaPlaca 3/29/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	JOHN M. LAPLACA
STREET ADDRESS	122 WEST LAUREN COURT
CITY-ST-ZIP	FERN PARK FL 32730
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John M LaPlaca President 3/29/02 407 831-5654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #