

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90439 031 \*\*\*150.00

**DOCUMENT # P00000012422**

1. Entity Name

SUNSHINE HOLDINGS, INC.

Principal Place of Business

1563 NE 39 STREET  
 OAKLAND PARK FL 33343

Mailing Address

P.O. BOX 23207  
 FORT LAUDERDALE FL 33307

2. Principal Place of Business

18205 River Oaks Drive

3. Mailing Address

P.O. Box 1189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter, Florida

Zip

33458

Country

USA

Zip

33468

Country

USA

4. FEI Number

65-0984181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GLAFENHEIN, PAUL M

1563 NE 39 STREET

FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

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

18205 River Oaks Drive

Jupiter FLORIDA

City

FL

Zip Code

33458

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, 2002 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GLAFENHEIN, PAUL M  
 CITY-ST-ZIP 1563 NE 39 STREET  
 FORT LAUDERDALE FL 33334

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GLAFENHEIN, CAROL  
 CITY-ST-ZIP 1563 NE 39 STREET  
 FORT LAUDERDALE FL 33334

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME 18205 River Oaks Drive  
 STREET ADDRESS Address  
 CITY-ST-ZIP Jupiter, FL 33458

TITLE ☒ Change ☐ Addition  
 NAME 18205 River Oaks Drive  
 STREET ADDRESS Address  
 CITY-ST-ZIP Jupiter, FL 33458

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 #

CR2E034 (9/01)