2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 12, 2001 8:00 am Secretary of State P00000027839 DOCUMENT # 1. Entity Name 09-12-2001 90013 010 ***550.00 SUNSHINE CONSTRUCTION AND PLASTERING, INC. Principal Place of Business Mailing Address 1203 YACHISMAN LANE -1205-YACHTSMAN-LANE 00063191 PUNTA GORDA FL 33983 PUNTA GORDA FL 33983 2. Principal Place of Business 3. Mailing Address 317 W. VIRGINIA AVE DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-0748662 LUNIA GORDA UNTA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 317 W. VIRGINIA AVE JEAN, DOMINIQUE S Street Address (P.O. Box Number is Not Acceptable) 1295 YACHTSMAN LANE PUNTA GORDA FL 83983 317 W. UIRGINIA AUE PUNTA GORDA 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DOMINIAJE-S.JETT SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Ber Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (5/01) ☐ Addition TITLE TITLE 401 CROSS Delete JEAN, DAPHNEY D NAME NAME CR2E034 1205 YACHTSMAN LANE STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 83983 339*1*0 CITY-ST-ZIP CITY-ST-ZIP 401 CROSS SF Delete TITLE ☐ Change Addition TITLE JEAN, AUDREY NAME NAME 1205 YACHTSMAN-LANE-STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33083-CITY-ST-ZIP CITY-ST-ZIP 401 CROSS ☐ Change TITLE TITLE Addition JEAN, DOMINIQUE NAME NAME 1205 YACHTSMAN LANE-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33983 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE · 🗀 · Delete ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P 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 received 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.