

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0105484 AV

DOCUMENT # P00000027839

1. Entity Name  
SUNSHINE CONSTRUCTION AND PLASTERING, INC.



FILED

03 SEP 29 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATE FEE  
CHECK HERE IF MAKING CHANGES

Principal Place of Business  
317 W VIRGINIA AVENUE  
PUNTA GORDA FL 33950

Mailing Address  
317 W VIRGINIA AVENUE  
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0748662

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

JEAN, DOMINIQUE S  
317 W VIRGINIA AVENUE  
PUNTA GORDA FL 33950

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JEAN, DOMINIQUE S  
STREET ADDRESS 317 W VIRGINIA AVENUE  
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME JEAN, DOMINIQUE S  
STREET ADDRESS 317 W VIRGINIA AVENUE  
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 (941) 639-3547

CR2E034 (4/03)