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2002 Uniform Business Report (UBR)

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

SIGNATURE:

Mar 18, 2002 8:00 am Secretary of State **DOCUMENT #** P00000032927 1. Entity Name 03-18-2002 90056 031 ***150.00 SONSHINE REALTY CORPORATION OF CENTRAL FLORIDA Principal Place of Business Mailing Address 300 N CR 427 300 N CR 427 315 LONGWOOD FL 32750-2754 LONGWOOD FL 32750-2754 3. Mailing Address N. County Rd. 427 Principal Place of Business 2520 N. County Rd. 427 Suite, AButte 164 DO NOT WRITE IN THIS SPACE Suite Apt 4, etc. Applied For Elyngwood, FL City & Statengwood, FL 4. FEI Number 59-3635734 Not Applicable Couseminole Courseminole \$8.75 Additional 32750 32750 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADE, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 134 EASTERN FORK LONGWOOD FL 32750-2754 City Zip Code FL 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. registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. 12. CR2E034 (9/01) TITLE Delete TITLE ☐ Addition Hade, William J. NAME HADE, WILLIAM J NAME 134 Eastern Fork STREET ADDRESS 134 EASTBAN FORK STREET ADDRESS Longwood, FL 32750 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME* HADE, MEREDITH L NAME STREET ADDRESS STREET ADDRESS 134 EASTERN FORK CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete Addition TITLE TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE -☐ Addition Change 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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