

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90956 010 ***150.00

DOCUMENT # P00000032927

1. Entity Name

SONSHINE REALTY CORPORATION OF CENTRAL FLORIDA



Principal Place of Business

2520 N COUNTY ROAD 427
SUITE 164
LONGWOOD FL 32750

Mailing Address

2520 N COUNTY ROAD 427
SUITE 164
LONGWOOD FL 32750

2. Principal Place of Business

134 EASTERN Fork

3. Mailing Address

134 EASTERN Fork

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750-2754

Country

Seminole

Zip

32750-2754

Country

Seminole

4. FEI Number

59-3635734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HADE, WILLIAM J
134 EASTERN FORK
LONGWOOD FL 32750-2754

7. Name and Address of New Registered Agent

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 *William J. Hade*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE P
NAME HADE, WILLIAM J.
STREET ADDRESS 134 EASTERN FORK
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE VP
NAME HADE, MEREDITH L
STREET ADDRESS 134 EASTERN FORK
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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:

William J. Hade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

Date

407-381-2864

Daytime Phone #

CR2E034 (10/02)