

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000059959**1. Entity Name
SUNSHINE PLANT NURSERY, INC.

Principal Place of Business	Mailing Address
8672 STATE RD.21	8672 STATE RD.21
MELROSE FL 32666	MELROSE FL 32666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3670167

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ADDINGTON BISVOFF CYNTHIA**
3959 S.E. STATE RD.21**KEYSTONE HEIGHTS**
32656

FL

7. Name and Address of New Registered Agent

Name

ADDINGTON BISCHOFF CYNTHIAStreet Address (P.O. Box Number is Not Acceptable)
3959 S.E. STATE RD.21City
KEYSTONE HEIGHTS

FL

Zip Code
32656

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 **CYNTHIA ADDINGTON BISCHOFF****05/01/2001**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	BISCHOFF ALAN ADOLPH	
STREET ADDRESS	3959 S.E. STATE RD.21	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISCHOFF ALAN ADOLPH	
STREET ADDRESS	3959 S.E. STATE RD.21	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

TITLE	P	<input type="checkbox"/> Delete
NAME	ADDINGTON BISCHOFF CYNTHIA	
STREET ADDRESS	3959 S.E. STATE RD.21	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cynthia Addington Bischoff

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)