2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000064790 1. Entity Name SUNSHINE CAFE AND CATERING SERVICES INC. 05-10-2001 90169 008 ***158.75 Principal Place of Business Mailing Address 3763 POMPANO DR SE 3763 POMPANO DR SE 104000 ST PETERSBURG FL 33705 ST PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3656486 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired X 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUNCE, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 5004 STARFISH DR SE ST PETERSBURG FL 33705 Zip Code City 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. GETRGE P. BUNCE Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME NAME BROWER, SAMANTHA STREET ADDRESS STREET ADDRESS 405 DOUGLAS BLVD #1805 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Change ☐ Addition ☐ Delete TITLE TITLE NAME LEWIS, WENDELL A NAME STREET ADDRESS STREET ADDRESS 3763 POMPANO DR SE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33705 Charige - Addition Detete ---.TITLE≃ NAME BUNCE, GEORGE P NAME STREET ADDRESS STREET ADDRESS 5004 STARFISH DR SE CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33705 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.