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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # P00000071978** 03-06-2001 90296 023 ***150.00 SUNSHINE CONTRACTORS, INC. Mailing Address Principal Place of Business 6105 UMBRELLA TREE LANE 6105 UMBRELLA TREE LANE TAMARAC FL 33319 TAMARAC FL 33319 3. Mailing Address 2. Principal Place of Business 6608 SW Street DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable S00<u>1</u>H \$8.75 Additional Country Country 5. Certificate of Status Desired 331 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL-&-UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PRESIDENT ☐ Change TITLE PSD Delete TITLE CHARRON ROBERT CHARRON, ROBERT NAME NAME OW LEYE STREET 6608 STREET ADDRESS STREET ADDRESS 6105 UMBRELLA TREE LANE CITY-ST-ZIP CITY-ST-7IP TAMARAC FL 33319 SOUTH miami, fr MoitibbA [] V.P ☐ Delete TITLE TITLE LIBELGE LIBERGE, SERGE NAME NAME 6408 STREET ADDRESS STREET ADDRESS 6105 UMBRELLA TREE LANE CITY-ST-ZIP FL 33143 CITY-ST-ZIP TAMARAC FL 33319 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP... CITY-ST-ZIP (Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE 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.

HOBERT