

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 017 ***150.00

DOCUMENT # P00000081320

1. Entity Name

MY SUNSHINE HOME, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4444 TAMiami TRAIL NORTH

3. Mailing Address

4444 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

58-2567949

Applied For

Not Applicable

Zip

34102

Country

US

Zip

34102

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JERALD R. PITKIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

801 ANCHOR RODE DRIVE, SUITE 203

City

NAPLES

FL

Zip Code

34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

HAASE, SEBASTIAN J.

1724 SANDPIPER STREET

NAPLES, FLORIDA 34102

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

HAASE, STEPHANIE A.

1724 SANDPIPER STREET

NAPLES, FLORIDA 34102

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Deputy Secretary

4/29/02

CR2E034B (12/01)