

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086937

1. Entity Name

SUNSHINE INVESTMENT CORP.

Principal Place of Business

7124 PARKSIDE VILLAS DR N  
ST PETERSBURG FL 33709

Mailing Address

7124 PARKSIDE VILLAS DR N  
ST PETERSBURG FL 33709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7139 3rd AVENUE, S

ST. PETERSBURG

FL 33707 USA

4. FEI Number

59-3671807

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, PETER A  
7124 PARKSIDE VILLAS DR N  
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

7139 3rd AVENUE, S.  
ST. PETERSBURG, FL 33707

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.

SIGNATURE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D ALEXANDER, PETER A  
7124 PARKSIDE VILLAS DR N  
ST PETERSBURG FL 33709 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D CECH, MILOS  
7124 PARKSIDE VILLAS DR N  
ST PETERSBURG FL 33709 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. ALEXANDER

Date

Daytime Phone #

4/25/01 (227) 347-0160



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0361080

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90102 049 \*\*\*150.00