

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**  
 03-22-2001 90032 028 \*\*\*150.00

0402833

**DOCUMENT # P00000089776**

1. Entity Name  
**SUNSHINE PACK & SHIP FRANCHISE CORP.**

Principal Place of Business  
**4026 20 STREET WEST  
 BRADENTON FL 34205**

Mailing Address  
~~4026 20 STREET WEST~~  
**BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 10522**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BRADENTON, FL**

4. FEI Number

**65-1042659**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**34282**

**MANATEE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROPER, DOUGLAS L**  
~~2006 20 STREET W~~  
**BRADENTON FL 34205**

Name

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

**4026 20 ST W**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROPER, DOUGLAS L	
STREET ADDRESS	2006 38 ST WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROPER, BARBARA L	
STREET ADDRESS	2006 38 ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

**DOUGLAS L. ROPER**

**3/16/01**

**941-227-0503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)