

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-11-2001 90130 026 ***158.75

DOCUMENT # **PO00006091078**

1. Entity Name

SUNSHINE MECHANICAL, INC

Principal Place of Business

Mailing Address

LOUGWOOD, FL 32750

407 E. PALMETTO AVE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0062025

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE PHILIP
P.O. Box 2854 - 225 E. ROBINSON ST
ORLANDO, FL 32801-2854

Name **EDW. M. CERVI**

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

407 E. PALMETTO AVE

City **LOUGWOOD, FL**

FL

Zip Code **32750**

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)

03/15/01

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	<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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN S. CERVI
STREET ADDRESS	407 E. PALMETTO AVE
CITY-ST-ZIP	LOUGWOOD, FL 32750
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD M. CERVI
STREET ADDRESS	407 E. PALMETTO AVE
CITY-ST-ZIP	LOUGWOOD, FL 32750
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY L. BURKETT
STREET ADDRESS	407 E. PALMETTO AVE
CITY-ST-ZIP	LOUGWOOD, FL 32750
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH C. BURKETT
STREET ADDRESS	407 E. PALMETTO AVE
CITY-ST-ZIP	LOUGWOOD, FL 32750
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01

Date

Daytime Phone #

407-372-7764