

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90023 018 ***150.00

DOCUMENT # P00000096271

1. Entity Name
SUNSHINE WATER SYSTEMS INC.

Principal Place of Business
POST OFFICE BOX 4223
FORT MYERS FL 33918

Mailing Address
POST OFFICE BOX 4223
FORT MYERS FL 33918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 4223 4K
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 4223 4K
 Suite, Apt. #, etc.

City & State
 Zip Country Zip Country

4. FEI Number
65-1053889
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KILBOURNE, DAVID
13180 N. CLEVELAND AVE., #112
FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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DAVID KILBOURNE
13180 N. CLEVELAND AVE #112
FORT MYERS FL 33903

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: **David Kilbourne** **4-18-01** **941-567-0111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DAVID KILBOURNE

CR2E034 (10/00)