

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90119 003 ***150.00

DOCUMENT # P00000096543

1. Entity Name
SUNSHINE PROPERTY INVESTORS CORPORATION



Principal Place of Business
**1201 W.HILLSBOROUGH AVE
TAMPA FL 33608**

Mailing Address
**1201 W.HILLSBOROUGH AVE
TAMPA FL 33608**

22002148

2. Principal Place of Business
1201 W. Hillsborough Ave
Suite, Apt. #, etc.

3. Mailing Address
1201 W. Hillsborough Ave
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip **33603** Country **Hillsborough**

Zip **33603** Country **Hillsborough**

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

6. Name and Address of Current Registered Agent

**ALLCOCK, PAMELA
1201 W.HILLSBOROUGH AVE
TAMPA FL 33608**

7. Name and Address of New Registered Agent

Name **Luis A. Fernandez**
Street Address (P.O. Box Number is Not Acceptable)
B-14 Newtown Cir
City **Tampa** **FL** Zip Code **33615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

(None-Registered Agent signature required when reinstating)

DATE

01/06/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLCOCK, PAMELA 10607 N.HATTERAS DR. TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FERNANDEZ, ALBERTO 10607 N.HATTERAS DR. TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, LUIS A 10607 N.HATTERAS DR. TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TD **01/06/03**
Date Daytime Phone #

CR2E034 (10/02)