

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90033 046 ***150.00

DOCUMENT # P00000115358

1. Entity Name

SUNSHINE CENTER FURNITURE & APPLIANCES, INC.

Principal Place of Business

**3081 LAKESHORE DR
 MOUNT DORA FL 32757**

Mailing Address

**3081 LAKESHORE DR
 MOUNT DORA FL 32757**

2. Principal Place of Business

15200 Old Highway 441

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tavares, Florida

City & State

Zip
32778

Country

USA

Zip

Country

4. FEI Number

59-3685875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JAKUBIAK, RONALD W
 3081 LAKESHORE DR
 MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name

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

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 **D** ☐ Delete
 NAME **JAKUBIAK, RONALD W**
 STREET ADDRESS **3081 LAKESHORE DR**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Delete
 NAME **JAKUBIAK, MARIAN C**
 STREET ADDRESS **3081 LAKESHORE DR**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P** ☒ Change ☐ Addition
 NAME **Jakubiak, Ronald W.**
 STREET ADDRESS **3081 Lakeshore Dr.**
 CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE **D S T** ☒ Change ☐ Addition
 NAME **Jakubiak, Marian C**
 STREET ADDRESS **3081 Lakeshore Dr.**
 CITY-ST-ZIP **Mount Dora, FL 32757**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

RONALD W. JAKUBIAK

03/12/01

Daytime Phone #

352 343-5573

CR2E034 (10/00)

0000719