

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90014 036 ***158.75

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DOCUMENT # P01000038117

1. Entity Name

SUNSHINE FINANCIAL SERVICES INC.

Principal Place of Business

Mailing Address

**2116 AUTUM WAY
 MELBOURNE FL 32935**

**2116 AUTUM WAY
 MELBOURNE FL 32935**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2116 Autumn Way

2116 Autumn Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

n/a

n/a

City & State

City & State

Melbourne FL

Melbourne FL

Zip

Country

Zip

Country

32935 Montgomery

32935 Montgomery

4. FEI Number

Applied For

59-3712395

Not Applicable

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

**STEELE, KAREN R.
 2116 AUTUM WAY
 MELBOURNE FL 32935**

Name

n/a

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

Karen R. Steele

2-22-02

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, 2002 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 **Vice President** ☒ Delete
 NAME **Rodney R. Householder**
 STREET ADDRESS **2116 Autumn Way**
 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **President** ☒ Change ☐ Addition
 NAME **Karen R. Steele 100%**
 STREET ADDRESS **2116 Autumn Way**
 CITY-ST-ZIP **Melbourne FL 32935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Karen R. Steele President

2-22-02 321-751-2864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)