

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90267 045 ***158.75

DOCUMENT # P01000038901

1. Entity Name

SUNSHINE SIGNS & DESIGNS, INCORPORATED

Principal Place of Business

**1671 CORONADO RD.
 FORT MYERS FL 33901**

Mailing Address

**1671 CORONADO RD.
 FORT MYERS FL 33901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1103587

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIGGS, JACK L JR.
 1671 CORONADO RD.
 FORT MYERS FL 33901**

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, 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

TITLE **D** ☐ Delete
 NAME **RIGGS, JACK L JR.**
 STREET ADDRESS **1671 CORONADO RD.**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** ☐ Delete
 NAME **JOHNSON, PHYLLIS R**
 STREET ADDRESS **1671 CORONADO RD.**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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 **P/S** ☐ Change ☒ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☒ Change ☐ Addition
 NAME **Phyllis R. Riggs (name change-**
 STREET ADDRESS **See attached marriage**
 CITY-ST-ZIP **license)**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: Phyllis R. Riggs, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (239) 470-5734
 Date Daytime Phone #

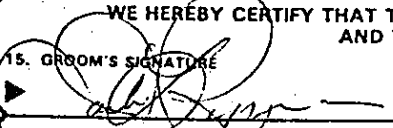
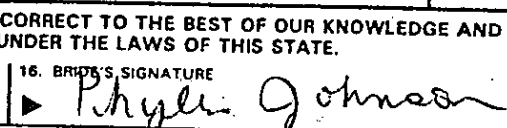
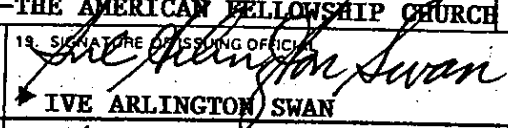
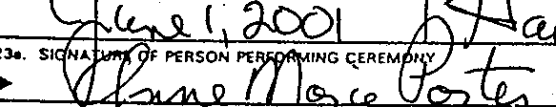
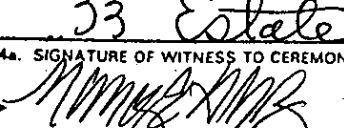
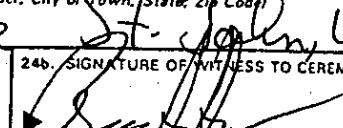

CR2E034 (9/01)

Attachment # P01000038901

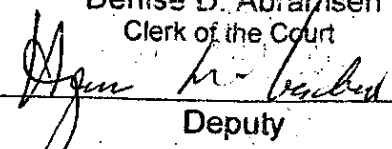
PLEASE RETURN ORIGINAL TO CLERK OF THE COURT IMMEDIATELY
VIOLATORS SUBJECT TO SANCTIONS UNDER TITLE 16 V.I.C. 1
VIRGIN ISLANDS OF THE UNITED STATES

LICENSE AND CERTIFICATE OF MARRIAGE
1660/2001

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

1. GROOM'S NAME (First, Middle, Last) JACK LELAND RIGGS, JR.		2. AGE LAST BIRTHDAY 45	
3a. RESIDENCE—CITY, TOWN, OR LOCATION #1671 CORONADO ROAD, FORT MYERS		3b. COUNTY OR ISLAND LEE COUNTY	
3c. STATE FLORIDA 33901	4a. BIRTHPLACE (State or Foreign Country) GARFIELD, OHIO	4b. DATE OF BIRTH (Month, Day, Year) AUGUST 19, 1956	5. SOC. SEC. NO. 272-58-6137
6a. FATHER'S NAME (First, Middle, Last) JACK LELAND RIGGS, SR.	6b. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA	7a. MOTHER'S NAME (First, Middle, Maiden Surname) IRENE PECJAK	7b. BIRTHPLACE (State or Foreign Country) OHIO
8a. BRIDE'S NAME (First, Middle, Last) PHYLLIS RUTH JOHNSON		8b. MAIDEN SURNAME (if different) SAME AS 8a	9. AGE LAST BIRTHDAY 48
10a. RESIDENCE—CITY, TOWN, OR LOCATION #1671 CORONADO ROAD, FORT MYERS		10b. COUNTY OR ISLAND LEE COUNTY	
10c. STATE FLORIDA	11a. BIRTHPLACE (State or Foreign Country) SPRINGFIELD, MASS	11b. DATE OF BIRTH (Month, Day, Year) JANUARY 17, 1953	12. SOC. SEC. NO. 266-02-3476
13a. FATHER'S NAME (First, Middle, Last) ARTHUR JOHNSON	13b. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS	14a. MOTHER'S NAME (First, Middle, Maiden Surname) FRANCES NYREN	14b. BIRTHPLACE (State or Foreign Country) CONNECTICUT
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.			
15. GROOM'S SIGNATURE 		16. BRIDE'S SIGNATURE 	
This License Authorizes the Marriage in This State of the Parties Named Above By Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the State of the VIRGIN ISLANDS — THE AMERICAN BELLWISHP CHURCH		17. EXPIRATION DATE (Month, Day, Year) AUGUST 31, 2001	
18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year) MAY 31, 2001	19. SIGNATURE OF ISSUING OFFICIAL  IVE ARLINGTON SWAN	20. TITLE OF ISSUING OFFICIAL JUDGE	
21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year) June 1, 2001	22a. WHERE MARRIED—CITY, TOWN, OR LOCATION Haukness Beach	22b. ISLAND St. John	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY 	23b. NAME (Type/Print) ANNE PORTER	23c. TITLE minister	
23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code) 33 Estate Bloomendale St. John, U.S.V.I. 008			
24a. SIGNATURE OF WITNESS TO CEREMONY 	24b. SIGNATURE OF WITNESS TO CEREMONY 		
25. SIGNATURE OF COURT REGISTRATION OFFICIAL  CLERK OF THE TERRITORIAL COURT		26. DATE FILED BY COURT (Month, Day, Year) 6/12/01	

CERTIFIED A TRUE COPY

Date June 13, 2001
Denise D. Abramsen
Clerk of the Court
By 
Deputy