

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000059541

1. Entity Name
SUNSHINE DRIVING SCHOOL, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 009 ***150.00

Principal Place of Business 4701 N. FEDERAL HIGHWAY BOX B-16 LIGHTHOUSE POINT	Mailing Address 4701 N.FEDERAL HIGHWAY BOX B-16 LIGHTHOUSE POINT
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2. Principal Place of Business 1301 E ATLANTIC BLVD	3. Mailing Address 1301 E ATLANTIC BLVD
Suite Apt.#, etc.	Suite. Apt. #. etc.
City & State POMPANO BEACH - FL	City & State POMPANO BEACH - FL
Zip 33060	Country
Zip 33060	Country

80062092
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SERVA, WINSTON 4701 N. FEDERAL HIGHWAY BOX B-16 LIGHTHOUSE POINT FL 33064	7. Name and Address of New Registered Agent Name SERVA, WINSTON Street Address (P.O. Box Number is Not Acceptable) 1301 E ATLANTIC BLVD City POMPANO BEACH FL Zip Code 33060
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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 **032902**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SERVA, WINSTON 1301 E ATLANTIC BLVD POMPANO BEACH - FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT CREMONEZ, MARIA DULCI 1301 E ATLANTIC BLVD POMPANO BEACH - FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **03/29/02** (954)592-4167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #