

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90316 013 \*\*\*150.00

**DOCUMENT # P01000077348**

1. Entity Name

**SUNSHINE STATE MULTISERVICES, INC.**

Principal Place of Business

Mailing Address

7301 W COUNTRY CLUB DR NORTH #111  
 SARASOTA FL 34243

7301 W COUNTRY CLUB DR NORTH #111  
 SARASOTA FL 34243

2. Principal Place of Business

7301 W COUNTRY CLUB DR N #111

3. Mailing Address

7301 W. COUNTRY CLUB DR N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

SARASOTA, FLORIDA

SARASOTA, FLORIDA

4. FEI Number

65-1149197

Applied For

Not Applicable

Zip

Country

34243

MANATEE

34243

MANATEE

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

AGUIRRE, JOSE LUIS

7301 W COUNTRY CLUB DR NORTH #111  
 SARASOTA FL 34243

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME AGUIRRE, JOSE LUIS  
 STREET ADDRESS 7301 W COUNTRY CLUB DR NORTH #111  
 CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE VD  
 NAME OJEDA, EDGAR J  
 STREET ADDRESS 7301 W COUNTRY CLUB DR NORTH #111  
 CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE TD  
 NAME OJEDA, ELIZABETH  
 STREET ADDRESS 7301 W COUNTRY CLUB DR NORTH #111  
 CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE SD  
 NAME DE OJEDA, ANTONIETA R  
 STREET ADDRESS 7301 W COUNTRY CLUB DR NORTH #111  
 CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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

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 another person empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-02 (941) 355-7208

CR2E034 (9/01)