

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90997 026 ***158.75

DOCUMENT # P02000017420

1. Entity Name
SUNSHINE AUTOMOTIVE TOWING, INC.



Principal Place of Business
**363 16TH ST. NORTH
ST. PETERSBURG FL 33705**

Mailing Address
**363 16TH ST. NORTH
ST. PETERSBURG FL 33705**

2. Principal Place of Business
333 16th Street North

3. Mailing Address
333 16th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Petersburg, FL

City & State
St Petersburg, FL

4. FEI Number
03-0389711

Applied For
Not Applicable

Zip
33705

Country
US

Zip
33705

Country
US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TANNOIA, CATHERINE J
363 16TH ST. NORTH
ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name **Patricia C. Rhodes**
Street Address (P.O. Box Number is Not Acceptable)
333 16th Street North
City **St Petersburg, FL** Zip Code **33705**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia C. Rhodes* **Patricia C. Rhodes / VD** **April 1st, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TANNOIA, JOHN J 591 22ND AVE. S.E. ST. PETERSBURG FL 33705 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TANNOIA, CATHERINE J 591 22ND AVE. S.E. ST. PETERSBURG FL 33705 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Rhodes, Randy L. 11405 102nd Court North Seminole, Florida 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Rhodes, Patricia C. 11405 102nd Court North Seminole, Florida 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Patricia C. Rhodes* **Patricia C. Rhodes,** **4/1/03** **727-397-7128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)