

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91870 023 \*\*\*150.00

**DOCUMENT # P02000042568**

**1. Entity Name**  
**SUNSHINE TRANSPORTATION & CHARTER  
SERVICES OF FLORIDA, INCORPORATED**



**Principal Place of Business**  
7200 RIDGE RD, STE 8  
PORT RICHEY, FL 34668

**Mailing Address**  
7200 RIDGE RD, STE 8  
PORT RICHEY, FL 34668

**2. Principal Place of Business**

6650 Rowan Rd  
Suite, Apt. #, etc.

**3. Mailing Address**

6650 Rowan Rd.  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**

New Port Richey

**City & State**

New Port Richey

**4. FEI Number**

593732600

**Applied For**

Not Applicable

**Zip**

34653

**Country**

Pasco

**Zip**

34653

**Country**

Pasco

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

STEFANSKI, JOHN M  
7200 RIDGE RD, STE 8  
PORT RICHEY, FL 34668

**7. Name and Address of New Registered Agent**

**Name** June R. Stefanski

**Street Address (P.O. Box Number is Not Acceptable)**

6650 Rowan Rd

**City**

New Port Richey

**FL**

**Zip Code**

34653

**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**

June R. Stefanski June R. Stefanski

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILED NOW! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$350.00**  
**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** PD ☒ Delete  
**NAME** STEFANSKI, JOHN M  
**STREET ADDRESS** 7200 RIDGE RD, STE 8  
**CITY-ST-ZIP** PORT RICHEY, FL 34668

**TITLE** VSTD ☐ Delete  
**NAME** STEFANSKI, JUNE R  
**STREET ADDRESS** 7200 RIDGE RD, STE 8  
**CITY-ST-ZIP** PORT RICHEY, FL 34668

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☒ Change ☐ Addition  
**NAME** Stefanski, June R  
**STREET ADDRESS** 6650 Rowan Rd  
**CITY-ST-ZIP** New Port Richey, FL 34653

**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**

**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:** June R. Stefanski June R. Stefanski 4/29/03 (727)859-9211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)