


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P02000042568</u> 1. Entity Name <u>Sunshine Transportation & Charter Services of Florida INC.</u>	
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Amended

FILED
 SECRETARY OF STATE
 03 AUG 28 PM 4:49
 TALLAHASSEE, FLORIDA

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2. Principal Place of Business <u>6650 Rowan Rd</u> Suite, Apt. #, etc. <u>New Port Richey, FL</u> City & State <u>34653 Pasco</u> Zip Country <u>USA</u>	3. Mailing Address <u>6650 Rowan Rd</u> Suite, Apt. #, etc. <u>New Port Richey, FL</u> City & State <u>34653 Pasco</u> Zip Country <u>USA</u>
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7. Name and Address of Current Registered Agent	
Name <u>Jane R. Parr</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>6650 Rowan Rd</u>	
City <u>New Port Richey</u> FL	Zip Code <u>34653</u>

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 <u>Jane R. Parr</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>8/27/03</u> <small>DATE</small>
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	900022762299 09/04/03--01001--001 **61.25
NAME	<u>Jane R. Parr</u>	NAME	
STREET ADDRESS	<u>6650 Rowan Rd</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>New Port Richey, FL 34653</u>	CITY-ST-ZIP	
TITLE	<u>VST D</u>	TITLE	
NAME	<u>Jane R. Parr</u>	NAME	
STREET ADDRESS	<u>6650 Rowan Rd</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>New Port Richey, FL 34653</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Jane R. Parr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8/27/03</u> (727) 8599244 <small>Date Daytime Phone #</small>
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CR2E034B (12/02)