

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3.

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-03-2003 90497 017 ***150.00

DOCUMENT # P02000076262

1. Entity Name
FLORIDA SUNBEEMERS, INC.



Principal Place of Business
**1311 50TH AVE DR W
PALMETTO FL 34221**

Mailing Address
**1311 50TH AVE DR W
PALMETTO FL 34221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEL Number

65-0364443

Applied For

Not Applicable

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

**JOHNSON, THOMAS D
1311 50TH AVE DR W
PALMETTO FL 34221**

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

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Thomas D. Johnson**
STREET ADDRESS **1311 50th Ave Dr W**
CITY-ST-ZIP **Palmetto FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **Patrick Rosebrook**
STREET ADDRESS **P.O. Box 213**
CITY-ST-ZIP **Oxford FL 34484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Delete
NAME **Lisa Chambers**
STREET ADDRESS **PO Box 1413**
CITY-ST-ZIP **Gibsonton FL 33534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Delete
NAME **Patricia Harvey**
STREET ADDRESS **5632 Ravenwood Dr**
CITY-ST-ZIP **Sarasota FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Dana Mills (Secretary)** ☐ Delete
NAME **6110 55th Ave Cir E**
STREET ADDRESS **Bradenton FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME **Pam Johnson**
STREET ADDRESS **1311 50th Ave Dr W**
CITY-ST-ZIP **Palmetto FL 34221**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-03 941-723-1825

Date

Daytime Phone #

CR2E034 (10/02)