

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

6/23/2003-900571007 \$150.00-\$150.00

DOCUMENT # **P02000086142**

1. Entity Name

Sunshine Coast Inc



03 JUL 14 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

315 NW 109 AVE

Suite, Apt. #, etc.

105

City & State

MIAMI FL

Zip

33192

Country

USA

3. Mailing Address

315 NW 109 AVE

Suite, Apt. #, etc.

105

City & State

MIAMI FL

Zip

33192

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1642213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Angela Blanford Downs**

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

315 NW 109 AVE # 105

City

MIAMI

FL

Zip Code

33192

**DO NOT WRITE
IN THIS SPACE**

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 **Angela Blanford Downs**

6/17/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D.S.
NAME	Angela M. Blanford
STREET ADDRESS	315 NW 109 Ave # 105
CITY-ST-ZIP	MIAMI FL 33192
TITLE	V.S.
NAME	Philip Joseph Downs
STREET ADDRESS	315 NW 109 Ave # 105
CITY-ST-ZIP	MIAMI FL 33192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 indicates 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/03 305 998 9262

Date

Daytime Phone

CR2E034B (12/02)

2115

Wednesday, July 09, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE RECORDS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314


REF: SUNSHINE COAST INC (DOCUMENT # P02000086142)

ATTN: JUSTIN SHIVERS

DEAR MR. SHIVERS

AS PER OUR CONVERSATION, I WOULD LIKE TO LET YOU KNOW THAT THE REASON THIS DOCUMENT WAS LATE AT YOUR OFFICE WAS BECAUSE IT WAS INITIALLY SENT TO A WRONG ADDRESS BY YOUR DEPARTMENT. AFTER THAT I MADE A PHONE CALL TO CHANGE MY ADDRESS AND RECEIVE THE UBR FORM. I IMMEDIATELY SENT THE FORM WITH THE \$150.00 REQUESTED. PLEASE CONSIDER THIS AND ACCEPT OUR REQUEST.

SHOULD YOU HAVE ANY QUESTION, PLEASE CONTACT THE UNDERSIGNED.


ANGELA BLANFORD
305-998-9262