

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90781 035 \*\*\*150.00

**DOCUMENT # P02000119666**

1. Entity Name  
**SUNSHINE STATE INTERIORS SYSTEMS, INC.**



Principal Place of Business  
**6929 NW 46 STREET  
MIAMI FL 33166**

Mailing Address  
**6929 NW 46 STREET  
MIAMI FL 33166**



2. Principal Place of Business  
**2 BRIAN LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2 BRIAN LANE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Coast, FL**  
Zip  
**32137**  
Country  
**USA**

City & State  
**Palm Coast, FL**  
Zip  
**32137**  
Country

4. FEI Number  
**01-0749947**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHOFKY, MARTIN E EA  
6929 NW 46 STREET  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name  
**JERRY C. KNIGHT**  
Street Address (P.O. Box Number is Not Acceptable)  
**2825 N. OCEANSHORE BLVD**  
**P.O. BOX 1258**  
City  
**FLAGLER BEACH** **FL** Zip Code  
**32136**

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 **JERRY C. KNIGHT**  
Signature, typed or printed name of registered agent and title if applicable.

**Jerry C Knight**  
(NOTE: Registered Agent signature required when reinstating)

**04-28-03**  
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 KAMINSKI, ANNA V 6929 NW 46 STREET MIAMI FL 33166	<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
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 CARL L. VEILLEUX 2 BRIAN LANE PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" 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
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: **CARL L. VEILLEUX**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-03 386 246-4293**  
Date Daytime Phone #

CR2E034 (10/02)