

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051797

1. Entity Name

SUNSHINE FUNDING & INVESTMENTS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90094 011 ***150.00

Principal Place of Business

Mailing Address

200 WILLARD ST STE 2F

POB 540306

GOCOA FL 32922

MERRITT ISLAND FL 32954-0996

US

US

2. Principal Place of Business

547 Fort Island Tr.

3. Mailing Address

P.O. Box 781

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

CRYSTAL River, FL.

City & State

CRYSTAL River, FL.

4. FEI Number

59-3197201

Applied For

Not Applicable

Zip

34429

Country

US

Zip

34423

Country

US

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

LIEBERMAN, RONALD

7010 ACKERMAN AVE

GOCOA FL 32927

Name

Lieberman, Ronald

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

9 Pine Drive

City

HOMOSASSA

FL

Zip Code

34448

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.

SIGNATURE

(Signature of Ronald Lieberman)
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03-15-2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME LIEBERMAN, RONALD
STREET ADDRESS 7010 ACKERMAN AVE
CITY-ST-ZIP GOCOA FL 32927

TITLE P.T.D. ☒ Change ☐ Addition
NAME LIEBERMAN, RONALD
STREET ADDRESS 9 Pine Dr.
CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE SD ☐ Delete
NAME LIEBERMAN, GINGER
STREET ADDRESS 7010 ACKERMAN AVE
CITY-ST-ZIP GOCOA FL 32927

TITLE S.D. ☒ Change ☐ Addition
NAME LIEBERMAN, GINGER
STREET ADDRESS 9 Pine Dr.
CITY-ST-ZIP HOMOSASSA, FL. 34448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature of Ronald Lieberman)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-2000

Date

352-795-1599

Daytime Phone #

CR2E034 (9/99)