

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90168 004 ***150.00

DOCUMENT # P93000059063

1. Entity Name
SUNSHINE MICRO, INC.

Principal Place of Business 1401 GALENA TERRACE DELTONA FL 32725 US	Mailing Address 1401 GALENA TERRACE DELTONA FL 32725-2815
--	---

2. Principal Place of Business <i>1932 Dupont Ct.</i>	3. Mailing Address <i>1932 Dupont Ct.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Deltona, FL</i>	City & State <i>Deltona FL</i>	4. FEI Number 65-0446038	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32725</i>	Country <i>USA</i>	Zip <i>32725</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KASTNER, WENDY 1401 GALENA TERRACE DELTONA FL 32725		7. Name and Address of New Registered Agent 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KASTNER, WENDY		NAME <i>1932 Dupont Ct.</i>	
STREET ADDRESS 1401 GALENA TERRACE		STREET ADDRESS <i>Deltona FL 32725</i>	
CITY-ST-ZIP DELTONA FL 32725		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Wendy Kastner* **Wendy Kastner** **Wendy Kastner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4-14-00* Daytime Phone # *904-532-6050*

CR2E034 (9/99)