

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90126 009 ***150.00

DOCUMENT # P94000000178

1. Entity Name

SUNSHINE DISTRIBUTORS OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

3753 CARDINAL POINT DRIVE
 JACKSONVILLE FL 32257

3753 CARDINAL POINT DRIVE
 JACKSONVILLE FL 32257-5582

2. Principal Place of Business

11531-9 San Jose Blvd.

3. Mailing Address

11531-9 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

Country

32223

U.S.

Zip

Country

32223

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3216344

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

Name

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

11531-9 San Jose Blvd.

City

Jacksonville

FL

Zip Code

32223

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

James E. Morrow, President Melinda C Morrow 2-29-00

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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 ☐ **\$5.00** May Ballot
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, JAMES E.		NAME	
STREET ADDRESS	3572 JAMESTOWN LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, MELINDA C.		NAME	
STREET ADDRESS	3572 JAMESTOWN LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, MELINDA C.		NAME	
STREET ADDRESS	3572 JAMESTOWN LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, MELINDA C.		NAME	
STREET ADDRESS	3572 JAMESTOWN LANE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		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:

Melinda C Morrow Melinda C Morrow 2-29-00 (904)880-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)