

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000000178**1. Entity Name
SUNSHINE DISTRIBUTORS OF JACKSONVILLE, INC.Principal Place of Business
11531-9 SAN JOSE BLVD
JACKSONVILLE FL JACKSONVILLE FL
32223 32223Mailing Address
11531-9 SAN JOSE BLVD
JACKSONVILLE FL
32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3216344

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MORROW JAMES E.**
11531-9 SAN JOSE BLVDJACKSONVILLE FL
32223 US**7. Name and Address of New Registered Agent**Name
MORROW JAMES EStreet Address (P.O. Box Number is Not Acceptable)
11531-9 SAN JOSE BLVDCity
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****04/16/2001**

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, 2001 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 S ☐ Delete
NAME MORROW MELINDA C.
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FLTITLE S ☒ Change ☐ Addition
NAME MORROW MELINDA C
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223TITLE T ☐ Delete
NAME MORROW MELINDA C.
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FLTITLE T ☒ Change ☐ Addition
NAME MORROW MELINDA C
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223TITLE VP ☐ Delete
NAME MORROW MELINDA C.
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FLTITLE VP ☒ Change ☐ Addition
NAME MORROW MELINDA C
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223TITLE P ☐ Delete
NAME MORROW JAMES E.
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FLTITLE P ☒ Change ☐ Addition
NAME MORROW JAMES E
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Melinda C. Morrow**

V

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)