2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90156 016 ***150.00

DOCUMENT # P94000022651

1. Entity Name
SUNSHINE FINANCIAL SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
5200 SEMINOLE BLVD ST PETERSBURG FL 33708	5200 SEMINOLE BLVD G ST PETERSBURG FL 33708 US

☐ CHECK HERE IF MAKING CHANGES

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 59-3231585 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DERRY, ROBERT D
407 S BAYSHORE DR
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name: BENJAMIN S. STETLER
Street Address (P.O. Box Number is Not Acceptable): 610 ISLAND WAY #601
City: CLEARWATER FL Zip Code: 33767

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: BENJAMIN S. STETLER [signature] 3/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCS	☑ Delete	TITLE	PRESIDENT	☑ Change ☑ Addition
NAME	DERRY, ROBERT		NAME	BENJAMIN S. STETLER	
STREET ADDRESS	407 S. BAYSHORE DR.		STREET ADDRESS	610 ISLAND WAY #601	
CITY-ST-ZIP	MADEIRA BEACH FL		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	PT	☑ Delete	TITLE	SEC/TREAS	☑ Change ☑ Addition
NAME	DERRY, SHARON		NAME	SHERRY J. STETLER	
STREET ADDRESS	407 S. BAYSHORE DR.		STREET ADDRESS	610 ISLAND WAY #601	
CITY-ST-ZIP	MADEIRA BEACH FL		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: BENJAMIN S. STETLER [signature] 3/6/03 727 398-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)