

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90125 035 ***150.00

DOCUMENT # P94000039500



1. Entity Name
SUNBEAM HOME, INC.

Principal Place of Business
**2522 FRUIT TREE DRIVE
SARASOTA FL 34239**

Mailing Address
**2522 FRUIT TREE DRIVE
SARASOTA FL 34239**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0499258** Applied For
Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SZABO, BARBARA
2522 FRUIT TREE DRIVE
SARASOTA FL 34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	D <input type="checkbox"/> Delete
NAME	SZABO, BARBARA
STREET ADDRESS	2522 FRUIT TREE DRIVE
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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.

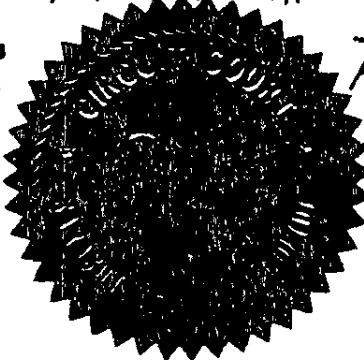
SIGNATURE: *Barbara Szabo* **01-22-03 941-366-7394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.



(STATE FILE NUMBER)

P94000039500/30070614

STATE OF FLORIDA, COUNTY OF SARASOTA

I hereby certify that the foregoing is a true and correct copy of the instrument filed in this office.

Witness my hand and official seal this 12 day

June 2002
Karen E. Rushing, Clerk of the Circuit Court

By: *[Signature]* Deputy Clerk

2002 ML 000996 NC

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) MAX WIMSCHEIDER			2. DATE OF BIRTH (Month, Day, Year) 08/10/1942		
3a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		3b. COUNTY SARASOTA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) GERMANY	
5a. BRIDE'S NAME (First, Middle, Last) BARBARA SZABO			5b. MAIDEN SURNAME (if different) SCHLESINGER		6. DATE OF BIRTH (Month, Day, Year) 03/08/1941
7a. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		7b. COUNTY SARASOTA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) POLAND	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 4/26/2002
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 4/26/2002
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE SARASOTA	18. DATE LICENSE ISSUED 04/26/2002	18a. DATE LICENSE EFFECTIVE 04/29/2002	19. EXPIRATION DATE 08/26/2002
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE KAREN RUSHING, CLERK CIRCUIT COURT	20c. BY D/C AO

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) May 31, 2002	22. CITY, TOWN, OR LOCATION OF MARRIAGE Siesta Key Chapel, Sarasota, Florida 34242 Presbyterian Church (USA)		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 4580 Trails Dr, Sarasota, Fl. 34232		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary name) Dr. Margaret E. Towner Parish Associate, Siesta Key Chapel	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 590-76-1704	27. RACE White	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input type="checkbox"/> YES	28a. NO. OF THIS MARRIAGE 2	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Divorce	28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 08/04/1992
	BRIDE	30. SOCIAL SECURITY NUMBER 592-05-5343	31. RACE White	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	32a. NO. OF THIS MARRIAGE 3	32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) Death

SEAL
45/1379