

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045270

1. Entity Name  
SUNSHINE GROWERS' SUPPLY, INC.

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90503 045 \*\*\*150.00

Principal Place of Business  
4760 TAYLOR ROAD  
F  
PUNTA GORDA FL 33950  
US

Mailing Address  
~~4760 TAYLOR ROAD~~  
PUNTA GORDA FL 33950  
US

730606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
7540 VIBURNUM  
Suite, Apt. #, etc.

City & State  
PUNTA GORDA  
Zip  
33955  
Country  
USA

4. FEI Number 65-0496000  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LUMIS, HOPE G  
4760 TAYLOR RD  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent  
Name LUMIS, HOPE G.  
Street Address (P.O. Box Number is Not Acceptable)  
7540 VIBURNUM  
City PUNTA GORDA FL Zip Code 33955

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 Hope G. Lumis, Pres. DATE 3/10/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LUMIS, GEORGE D      |                                 |
| STREET ADDRESS | 7540 VI BURNUM       |                                 |
| CITY-ST-ZIP    | PUNTA GORDA FL 33955 |                                 |
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | LUMIS, HOPE G        |                                 |
| STREET ADDRESS | 7540 VI BURNUM       |                                 |
| CITY-ST-ZIP    | PUNTA GORDA FL 33955 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Hope G. Lumis President DATE 3/10/01 (941) 637-9999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)