

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90021 021 \*\*\*150.00

**DOCUMENT # P94000047790**

1. Entity Name  
**SUNSHINE SUPER SEVEN, INC.**

Principal Place of Business <b>5811 PELICAN BAY BLVD.          SUITE 600          NAPLES FL 33963</b>	Mailing Address <b>5811 PELICAN BAY BLVD.          SUITE 600          NAPLES FL 34108-2711</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>26811 South Bay Dr</b> Suite, Apt. #, etc. <b>200</b> City & State <b>Bonita Springs FL</b> Zip <b>34134</b> Country <b>Lee</b>	3. Mailing Address <b>26811 South Bay Dr</b> Suite, Apt. #, etc. <b>200</b> City & State <b>Bonita Springs FL</b> Zip <b>34134</b> Country <b>Lee</b>
--	--

4. FEI Number <b>65-0516423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BROWNE, DAVID P  
 5811 PELICAN BAY BLVD.  
 SUITE 600  
 NAPLES FL 33963**

7. Name and Address of New Registered Agent  
 Name **David P. Browne**  
 Street Address (P.O. Box Number is Not Acceptable)  
**26811 South Bay Dr**  
**Bonita Springs FL**  
 City **FL** Zip Code **34134**

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 *David P. Browne* DATE 2-23-00  
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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

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	HAZELBAKER, LEIGH A		NAME		
STREET ADDRESS	1496 OLD HENDERSON RD.		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43220		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVERETT, SHARON A		NAME		
STREET ADDRESS	1496 OLD HENDERSON RD.		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43220		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		
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: *Sharon A. Everett* 4/19/00 614-459-0445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 15014 (9/99)