

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056553

1. Entity Name
SUNSHINE SALES UNLIMITED, INC.

Principal Place of Business
101 S.E. 7 STREET
DEERFIELD BEACH FL 33441

Mailing Address
101 S.E. 7 STREET
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMALZ, J.W. III
101 S.E. 7 STREET
DEERFIELD BEACH FL 33441

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.

SIGNATURE:

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, 2002 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 PD
NAME SCHMALZ, JW
STREET ADDRESS 101 SE 7 STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U-PRES D
JUSTIN J. SCHMALZ
101 SE 7 STREET
DEERFIELD BEACH, FL 33441

Change Addition

TITLE STD
NAME SCHMALZ, CAROL
STREET ADDRESS 101 SE 7 STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

J.W. SCHMALZ pres

04/03/02 954-421-8917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CB2E034 (9/01)

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5/2002
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