## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am Secretary of State DOCUMENT # P94000060783 1. Entity Name 03-14-2002 90058 019 \*\*\*150.00 SUNSHINE AUTO SALES & SERVICE, INC. Principal, Place of Business Mailing Address 2207 E SR 200/A1A P.O. BOX 1440 YULEE FL 32097 YULEE FL 32097 HS . US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For 4. FEI Number City & State City & State 59-3265140 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHEN, V. R LEE Street Address (P.O. Box Number is Not Acceptable) 2207 E. SR 200/A1A YULEE FL 32097 City 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. (NOTE: Registered Agent signature required when reinstating) yped or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME LEE. STEPHEN F NAME STREET ADDRESS 2207 E SR 200/A1A STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP YULEE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LEE, STEPHEN V.R. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1440 N/A, 2207 E. SR 200/A1A CITY-ST-ZIP CITY-ST-ZIP YULEE FL ☐ Change ☐ Addition TITLE Delete TITLE LEE, CAROL A NAME NAME STREET ADDRESS STREET ADDRESS 2207 EAST SR 200 CITY-ST-ZIP CITY-ST-ZIP YULEE FL 40 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE COUSTERNEN V.R. LEE

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