

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90065 026 \*\*\*150.00

**DOCUMENT # P94000060783**

1. Entity Name  
**SUNSHINE AUTO SALES & SERVICE, INC.**



Principal Place of Business

~~2207 E. SR 200/A1A~~  
**YULEE FL 32097**  
**US**

Mailing Address

**P.O. BOX 1440**  
**YULEE FL 32097**  
**US**

2. Principal Place of Business

**904 US HWY 17 N**  
Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
Suite, Apt. #, etc.

City & State

**YULEE, FL**

City & State

**YULEE, FL**

Zip

**32097**

Country

**USA**

Zip

**32041**

Country

**USA**

4. FEI Number

**59-3265140**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~STEPHEN, V. R. LEE~~  
~~2207 E. SR 200/A1A~~  
~~YULEE FL 32097~~

7. Name and Address of New Registered Agent

Name **STEPHEN F. LEE**

Street Address (P.O. Box Number is Not Acceptable)

**864 US HWY 17 N**

City **YULEE**

**FL**

Zip Code

**32097**

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

*Stephen F. Lee* **VP**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/28/03**

**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

TITLE **V** ☐ Delete  
NAME **LEE, STEPHEN F**  
STREET ADDRESS ~~2207 E. SR 200/A1A~~  
CITY-ST-ZIP **YULEE FL**

TITLE **P** ☐ Delete  
NAME **LEE, STEPHEN V R.**  
STREET ADDRESS **P.O. BOX 1440 N/A, 2207 E. SR 200/A1A**  
CITY-ST-ZIP **YULEE FL**

TITLE **S** ☐ Delete  
NAME **LEE, CAROL A**  
STREET ADDRESS ~~2207 EAST SR 200-~~  
CITY-ST-ZIP **YULEE FL 40**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **864 US HWY 17 N**  
CITY-ST-ZIP **YULEE, FL 32097**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1819 POINT PETER RD**  
CITY-ST-ZIP **ST MARYS, GA 31558**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1819 POINT PETER RD**  
CITY-ST-ZIP **ST MARYS, GA 31558**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen F. Lee* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/03**

Date

**904-548-0331**

Daytime Phone #

CR2E034 (10/02)