

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002473

1. Entity Name

SUNSHINE MANOR SOUTH, INC.

LA

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90111 027 ***558.75

0610011

Principal Place of Business

Mailing Address

4714 MALIFAX DRIVE ← HALIFAX
PORT ORANGE FL 32127
US

4714 MALIFAX DRIVE ← HALIFAX
PORT ORANGE FL 32127
US

772807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4714 HALIFAX DRIVE 4714 HALIFAX DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE FL

PORT ORANGE FL

4. FEI Number

59-3289410

Applied For

Not Applicable

Zip

Country

Zip

Country

32127

VOLUSIA

32127

VOLUSIA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWLER, MICHAEL D
75 RAINS COURT
PONCE INLET FL 32127

Name MICHAEL D. LAWLER

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

4714 HALIFAX DRIVE

City PORT ORANGE

FL

Zip Code

32127

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

Michael D. Lawler

MICHAEL D. LAWLER

1-5-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	LAWLER, MICHAEL D	
STREET ADDRESS	75 RAINS COURT	
CITY-ST-ZIP	PONCE INLET FL 32127	ADDRESS CHANGE ONLY
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWLER, MICHAEL D	
STREET ADDRESS	75 RAINS COURT	
CITY-ST-ZIP	PONCE INLET FL 32127	ADDRESS CHANGE ONLY
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		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER MICHAEL D	ADDRESS
STREET ADDRESS	4714 HALIFAX DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER MICHAEL D	ADDRESS
STREET ADDRESS	4714 HALIFAX DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
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:

Michael D. Lawler

MICHAEL D. LAWLER

1-5-01

904

7605026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)