

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013592

1. Entity Name

SUNSHINE STATE INTERIORS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90110 011 ***150.00

Principal Place of Business

Mailing Address

801 SANLANDO ROAD
ALTAMONTE SPRINGS FL 32714

C/O JANET SOMMER
2650 LANCASTER COURT
APOPKA FL 32703-8138
US

2. Principal Place of Business

2650 LANCASTER CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State
APOPKA, FL

City & State

4. FEI Number

59-3296642

Applied For

Not Applicable

Zip
32703

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEISTER, GEORGE
801 SANLANDO ROAD
ALTAMONTE SPRINGS FL 32714

Name

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

2650 LANCASTER CT

City

APOPKA

FL

Zip Code

32703

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

George Leister

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

(NOTE: Registered Agent signature required when reinstating)

3-28-00

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GONCALO, KARMEN
4501 13TH WAY NE
ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SOMMER-LEISTER, JANET
2650 LANCASTER COURT
APOPKA FL 32703 ☐ Delete

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

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☐ 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:

Janet Sommer-Leister, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

407-869-5946

Daytime Phone #

CR2E034 (9/99)