

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90010 030 ***150.00

0476149 AV

DOCUMENT # **P95000049320**

1. Entity Name
SUNSHINE DOLL CREATIONS, INC.

Principal Place of Business
**150 NE 51ST STREET
FT. LAUDERDALE FL 33334**

Mailing Address
**150 NE 51ST STREET
FT. LAUDERDALE FL 33334**

2. Principal Place of Business
635 AVE A N.W.

3. Mailing Address
635 AVE A N.W.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State WINTER HAVEN FL	City & State WINTER HAVEN FL	4. FEI Number 59-3323157	Applied For <input type="checkbox"/> Not Applicable
Zip 33881	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROHAN, JACQUELINE 20 NE 57TH COURT FT. LAUDERDALE FL 33334	7. Name and Address of New Registered Agent Name ROHAN, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 637 AVE A. N. W City WINTER HAVEN FL Zip Code 33881
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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 Jacqueline Rohan - Jacqueline Rohan - President 3/5/02
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHAN, JACQUELINE 20 NE 57TH COURT FT. LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rohan Jacqueline 637 AVE A. Northwest WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHAN, GUILBERT 20 NE 57TH COURT FT. LAUDERDALE FL-33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rohan, Guilbert 637 AVE A. Northwest WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jacqueline Rohan - Jacqueline Rohan 3/5/02 863-291-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)