

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90257 040 \*\*\*150.00

DOCUMENT # P96000001774

1. Entity Name  
SONSHINE PETS, INC.



Principal Place of Business  
4354 GULF BREEZE PKWY  
GULF BREEZE FL 32561  
US

Mailing Address  
4354 GULF BREEZE PKWY  
GULF BREEZE FL 32561  
US

2. Principal Place of Business

3184 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

3184 Gulf Breeze Pkwy  
Suite, Apt. #, etc.

City & State  
Gulf Breeze FL

Zip Country  
32563 USA

City & State  
Gulf Breeze FL

Zip Country  
32563 USA

4. FEI Number 59-3353318

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWCOMBE, FREDERICK J.  
4354 GULF BREEZE PKWY  
GULF BREEZE FL 32561

-NEW ADDRESS ->

7. Name and Address of New Registered Agent

Name NEWCOMBE, Frederick J.  
Street Address (P.O. Box Number is Not Acceptable) 1414 LITTLE DUCK CIRCLE  
City Gulf Breeze FL Zip Code 32563  
NEW HOME ADDRESS

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 Brenda K. Newcombe

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEWCOMBE, FREDERICK J 551 SO. 1ST STREET PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWCOMBE, BRENDA K 551 SO. 1ST STREET PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWCOMBE, FREDERICK J. 1414 LITTLE DUCK CIRCLE Gulf Breeze FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWCOMBE, BRENDA K 1414 LITTLE DUCK CIRCLE Gulf Breeze FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Brenda K. Newcombe 1-7-03 850-932-2185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)