

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 029 ***150.00

DOCUMENT # P96000005557

1. Entity Name

D.W. Sunshine Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

424 N. Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Address

424 N. Federal Hwy.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Bch., FL

City & State

Boynton Bch., FL

4. FEI Number

65-0647721

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

33435

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Owen L. Dewar

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

6668 Country Wind Cove

City

Lake Worth

FL

Zip Code

33463

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

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME Owen L. Dewar
STREET ADDRESS 6668 Country Wind Cove
CITY-ST-ZIP Lake Worth, FL 33463

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)