

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
 02-16-2001 90016 047 ***150.00

0514854

DOCUMENT # P96000016709

1. Entity Name
SUNSHINE PURCHASING CORP.

Principal Place of Business
**40234 TOWNSEND RD.
 DADE CITY FL 33525**

Mailing Address
**PO BOX 2088
 DADE CITY FL 33526**

2. Principal Place of Business

3. Mailing Address
P.O. Box 2088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DADE CITY, FL

Zip

Country

Zip
33526

Country

4. FEI Number **59-3373195**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WORTHY, JACQUELINE
 10343 OLD LAKE LAND HWY
 DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 WORTHY, JACQUELINE B
 P O BOX 695
 DADE CITY FL 33526** ☐ Delete

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

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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: Jacqueline B. Worthy / Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01 (352) 567-3098
 Date Day/Time Phone #

JACQUELINE B. WORTHY

CR2E034 (10/00)