

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032823

1. Entity Name

SUNSHINE OAKS, INC.

Principal Place of Business

1486 -7 AVE
VERO BEACH FL 32960

Mailing Address

845 -8TH ST.
VERO BEACH FL 32962-1610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0669831

Applied For
Not Applied

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

LIGGIERI, FRANK
2218 SE ABCOR RD
PORT ST. LUCIE FL 34952

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, 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 D ☐ Delete
NAME LIGGIERI, FRANK F
STREET ADDRESS 2218 SE ARBOR RD
CITY-ST-ZIP PT ST LUCIE FL 32952

TITLE D ☐ Delete
NAME LIGGIERI, PAUL
STREET ADDRESS 126 AVERILL BLVD
CITY-ST-ZIP FRANKLIN SQUARE NY 11010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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

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:

Frank Ligieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00
Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90106 012 ***158.75



DO NOT WRITE IN THIS SPACE