

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039199

1. Entity Name
SONSHINE SALES INC

Principal Place of Business

BOX 1016
WILLISTON FL 32696

Mailing Address

BOX 1016
WILLISTON FL 32696

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 59-3377770

Applied For

Not Applicable

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

DAVIS, BARBARA
8451 NE 176TH AVE
WILLISTON FL 32692

Name

MAURICE DAVIS

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

Box 1016

City

Williston

FL

Zip Code

32696

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

Barbara Davis

Maurice Davis

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
DAVIS, BARBARA
BOX 90091
GAINESVILLE FL 32607

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIS BARBARA
Box 1016
Williston, FL 32696

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Delete

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 title empowered.

SIGNATURE:

Barbara Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00

Date

352-525-2574

Daytime Phone #

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90015 035 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment
B# P916XW39199
0074768

FAX TRANSMITTAL

PAGES 1 OF _____

DATE: 7-25-00

TO: UBR

**FROM: BUD DAVIS, SONSHINE SALES
BARBARA DAVIS
P.O. BOX 1016, WILLISTON, FL 32696
1-800-742-4438 - FAX- 1352-528-2185
e-mail- bdavis@atlantic.net**

SUBJECT: Called in Today to notify that the

First Report was never Received. Just Received this
Report and called in and first Agent said Acct. was Paid
And I Rechecked the Files to find we never had a notice.
Called back to Recheck and Wendy found item not Paid. I was
told to Submit this letter and \$150.00 to get this straighten
out and get our Acct. Current.

Enclosed is check for \$158.75 to clear this up.

Sincerely
Barbara Davis