

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90462 016 \*\*\*150.00

01/03/07 11/02

**DOCUMENT # P96000050003**

1. Entity Name  
**SUNSHINE PROPERTY SERVICE, INC.**



Principal Place of Business  
**8362 PINES BLVD.  
SUITE 179  
PEMBROKE PINES FL 33024**

Mailing Address  
**8362 PINES BLVD.  
SUITE 179  
PEMBROKE PINES FL 33024**



2. Principal Place of Business

3. Mailing Address

**826 Golf Island DR**

**826 Golf Island DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Apollo Beach FL**

City & State

**Apollo Beach FL**

4. FEI Number **65-0673434**

Applied For

Not Applicable

Zip

Country

**33572**

**U.S.A.**

Zip

Country

**33572**

**U.S.A.**

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

**BAILEY, EDWARD  
8362 PINES BLVD.  
SUITE 179  
PEMBROKE PINES FL 33024**

Name

**Edward Bailey**

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

**826 Golf Island DR**

City

**Apollo Beach**

FL

Zip Code

**33572**

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

**Edward Bailey President/owner**

**4/21/03**

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **BAILEY, EDWARD**  
STREET ADDRESS **18014 FOREST RETREAT LANE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **President** ☒ Change ☐ Addition  
NAME **Bailey, Edward**  
STREET ADDRESS **826 Golf Island DR**  
CITY-ST-ZIP **Apollo Beach FL 33572**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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:

**Edward Bailey President/owner**

**4/21/03**

**(813)**

**404-6253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)