

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90279 005 ***150.00

DOCUMENT # P96000062802

1. Entity Name
SUNSHINE RENTAL MANAGEMENT, INC.



Principal Place of Business
701 S. FEDERAL HIGHWAY
DRAGON MOTEL
LAKE WORTH FL 33460

Mailing Address
701 S. FEDERAL HIGHWAY
DRAGON MOTEL
LAKE WORTH FL 33460



2. Principal Place of Business

7401 Venetian Way
Suite, Apt. #, etc.
West Palm Beach, FL 33406
City & State
West Palm Beach
Zip
33406
Country
Palm Beach

3. Mailing Address

7401 Venetian Way
Suite, Apt. #, etc.
West Palm Beach, FL 33406
City & State
West Palm Beach
Zip
33406
Country
Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0744981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EUROPEAN-AMERICAN CONSULTING GROUP INC.
801 BRICKELL AVENUE
9TH FLOOR
MIAMI FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DOLL-KACHLER, GABRIELE |
| STREET ADDRESS | 249 GREGORY ROAD |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | Doll-Kachler Gabriele |
| STREET ADDRESS | 7401 Venetian Way |
| CITY-ST-ZIP | West Palm Beach FL 33406 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

561-8275533

Date

Daytime Phone #

CR2E034 (10/02)