

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90956 024 ***150.00

DOCUMENT # P96000066669

1. Entity Name
SUNSHINE HOMES ELITE, INC.



Principal Place of Business
**821 SW NINTH STREET
LIVE OAK FL 32060**

Mailing Address
**821 SW NINTH STREET
LIVE OAK FL 32060**

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

59-3397627

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AFRICANO, J V
106 WHITE AVENUE STE B
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

Name
GEORGE W. Blow III
Street Address (P.O. Box Number is Not Acceptable)
106 White Ave, Ste C
City **LIVE OAK** FL Zip Code **32064**

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]*

**GEORGE W. BLOW, III
ATTORNEY AT LAW
106 WHITE AVE., SUITE C
LIVE OAK, FL 32064**

3/20/03
DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PLUMMER, ANNIE L 821 SW NINTH STREET LIVE OAK FL 32060 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MITCHELL, IRISH A 821 SW NINTH STREET LIVE OAK FL 32060 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **ANNIE L. PLUMMER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 APR 03 **(386) 362-5479**
Date Daytime Phone #

CR2E034 (10/02)