

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91278 028 ***158.75

DOCUMENT # P96000066918

1. Entity Name
SUNSHINE SALES, INC.

Principal Place of Business

Mailing Address

**420 LONE PALM DR
 LAKELAND FL 33815
 US**

**P.O. BOX 9063
 ROCKY MOUNT NC 27804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

33804

Country

POLK

4. FEI Number **59-3405722**

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

**GAY, LAMAR
 633 TIMBERLANE ROAD
 TALLAHASSEE FL 32312**

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, 2001 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 **P** ☐ Delete
 NAME **WOOTEN, LARRY V**
 STREET ADDRESS **420 LONE PALM DR**
 CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE U. WOOTEN JR

Date

5-4-01

Daytime Phone #

863-6028

3732

CR2E034 (10/00)


To Dep of State

Doc# P96000066918

80058323

- I DRIVE A TRUCK FOR A LIVING - I WAS WITHOUT NOTICE CALLED ON THE ROAD FOR OVER 30 DAYS WITHOUT BEING ABLE TO GET TO LAKELAND. WHEN I SAW THE DATES I CALLED YOUR OFFICE + TALKED TO A REP (MATT) + HE SUGGESTED I DROP A NOTE AND EXPLAIN MY CIRCUMSTANCES. PLEASE ACCEPT MY 158.75 CHECK.

~~VERY~~ MANY THANKS

-  - 863-6023732
4-14-2001

ALSO - PLEASE