

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067103

1. Entity Name

SUNSHINE MORTGAGE SERVICES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90070 022 \*\*\*150.00

Principal Place of Business

Mailing Address

8382 BAYMEADOWS ROAD. #5  
JACKSONVILLE FL 32256

8382 BAYMEADOWS ROAD. #5  
JACKSONVILLE FL 32256-7436

2. Principal Place of Business

2002 Southside Blvd  
Suite, Apt. #, etc.  
100

3. Mailing Address

2002 Southside Blvd  
Suite, Apt. #, etc.  
100



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3409161

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOYLE, BILL E  
1301 RIVERPLACE BLVD STE 2600  
JACKSONVILLE FL 32207

Name  
Doyle, William E  
Street Address (P.O. Box Number is Not Acceptable)  
2002 Southside Blvd  
Suite 200  
City  
Jacksonville FL Zip Code  
32216

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, 2000 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	<input type="checkbox"/> Delete
NAME	THURLEY, ADOLPH	
STREET ADDRESS	2735 CANYON FALLS DR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KATENICA, KAREN	
STREET ADDRESS	13810 SUTTON PK DR N #1225	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erik Hill	
STREET ADDRESS	4411 Winderbrook Ct	
CITY-ST-ZIP	Jacksonville, FL 32257	
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		
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		

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:

Thurley, Adolph Resident

3/20/00

(904) 722-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)