

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083484

1. Entity Name
THE SUNSHINE LINE, INC.Principal Place of Business
3592 ALOMA AVENUE
STE 3
WINTER PARK FL 32792
USMailing Address
3592 ALOMA AVENUE
STE 3
WINTER PARK FL 32792
US

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 59-3416707 Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHRHORST, JAMES C
3885 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME BEHRHORST, JAMES C
STREET ADDRESS 3885 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952TITLE D Delete
NAME BEHRHORST, LEE D
STREET ADDRESS 3115 WASHINGTON PIKE
CITY-ST-ZIP BRIDGEVILLE PA 15017TITLE D Delete
NAME CRAWFORD, JIM
STREET ADDRESS 3115 WASHINGTON PIKE
CITY-ST-ZIP BRIDGEVILLE PA 15017TITLE D Delete
NAME KELLANDER, FRANK
STREET ADDRESS 3115 WASHINGTON PIKE
CITY-ST-ZIP BRIDGEVILLE PA 15017TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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: *James C. Behrhorst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 407-673-9440
Data Daytime Phone #