07-14-2002 90050 039 ****61.25

FILED

P96000083484

FORPROFITCORPORATION AMENDED UNIFORMBUSINESSREPORT(UBR)

02 JUL 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P96000083484

1. EntityName
The Sunshine Line, Inc.

DO NOT WRITE IN THIS SPACE

B0128961

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
3592 Aloma Ave.	3592 Aloma Ave.
Suite,Apt.#,etc. Suite 3	Suite,Apt.#,etc. Suite 3
City&State Winter Park, FL	City&State Winter Park, FL
Zip 32792 Country US	Zip 32792 Country US

4. FEINumber 59-3416707 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent

Name James C. Behrhorst

StreetAddress(P.O.BoxNumberisNotAcceptable) 3885 South Tropical Trail

City Merritt Island FL Zip 32952

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.

SIGNATURE _____ DATE

Signature,typeorprintnameofregisteredagent,andtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenchanging)

9. Thiscorporationiseligibletosatisfyitsintangible Taxfilingrequirementandelectstodoso. (Seecriteriaonback) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE P/T/S/D NAME Behrhorst, James C. STREETADDRESS 3885 South Tropical Trail CITY-ST-ZIP Merritt Island, FL 32952	TITLE NAME STREETADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. Ihereby 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 appea rs in Block 11 or an attachment with an address, with all other like empowered.

SIGNATURE: James C. Behrhorst James C. Behrhorst 7/10/02 (407)673-9440

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date Daytimephone#