

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 035 ***150.00

DOCUMENT # P96000083484

1. Entity Name
THE SUNSHINE LINE, INC.



Principal Place of Business
**3592 ALOMA AVENUE
SUITE 3
WINTER PARK FL 32792
US**

Mailing Address
**3592 ALOMA AVENUE
SUITE 3
WINTER PARK FL 32792
US**



2. Principal Place of Business

2427 N. Forsyth Rd

Suite, Apt. #, etc.
Suite 0

City & State
Orlando, FL

Zip Country
32807 USA

3. Mailing Address

2427 N. Forsyth Rd

Suite, Apt. #, etc.

Suite 0

City & State
Orlando FL

Zip Country
32807 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3416707**

Applied For
Not Applicable

5. 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**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete
NAME **BEHRHORST, JAMES C**
STREET ADDRESS **3885 SOUTH TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

James C Behrhorst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 407-673-9440
Date Daytime Phone #

CR2E034 (10/02)