

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000103927**

1. Entity Name

SUNSHINE GREETINGS & GIFTS, NC.

Principal Place of Business

**107 N TAMiami TRAIL
OSPNEY FL 34229**

Mailing Address

**107 N TAMiami TRAIL
OSPNEY FL 34229**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0720082**

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

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	PT	<input type="checkbox"/> Delete
NAME	STEVENS, CHRIS	
STREET ADDRESS	4205 WINNERS CIRCLE #512	
CITY-ST-ZIP	SARASOTA FL	

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Chris	
STREET ADDRESS	2417 Gulf Gate Drive	
CITY-ST-ZIP	Sarasota, FL 34231	

TITLE	VS	<input type="checkbox"/> Delete
NAME	STEVENS, R H	
STREET ADDRESS	4101 WINNERS CIRCLE #115	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, RL	
STREET ADDRESS	4101 Winners circle #115	
CITY-ST-ZIP	Sarasota, FL 34238	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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		

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

Date

Daytime Phone #

4/27/01

941-966-7999



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)