

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90045 043 ***150.00

DOCUMENT # P97000011221

1. Entity Name
SUNSHINE STATE EXHIBITORS, INC.



Principal Place of Business
**9868 TORINO DRIVE
LAKE WORTH FL 33467**

Mailing Address
**PO BOX 541085
LAKEWORTH FL 33454**

2. Principal Place of Business

3. Mailing Address
9868 TORINO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH, FL

4. FEI Number **65-0724235**

Applied For
Not Applicable

Zip

Country

Zip

Country

33467

USA

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

**ANTON, LESLIE
1357 SAILBOAT CIRCLE
WELLINGTON FL 33414**

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 *Leslie Anton* **LESLIE ANTON**

1-15-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **ANTON, NOREEN**
STREET ADDRESS **4357 SAILBOAT CIRCLE** **9868 TORINO DR**
CITY-ST-ZIP **WELLINGTON FL 33414** **LAKE WORTH, FL 33467**

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

TITLE **D** ☐ Delete
NAME **ANTON, LESLIE** **9868 TORINO DR**
STREET ADDRESS **1357 SAILBOAT CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414** **LAKE WORTH, FL 33467**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Leslie Anton **LESLIE ANTON**

Date

Daytime Phone #

CR2E034 (10/02)