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Daytime Phone 8

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

SIGNATURE:

## Feb 20, 2001 8:00 am DOCUMENT # P97000046861 **Secretary of State** SUNSHINE CASUALTY INSURANCE, INC. 02-20-2001 90015 030 \*\*\*158.75 Principal Place of Business Mailing Address 8122-1 TEM TURNER RD 8122-1 TEM TURNER RD JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3485750 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SABO, DONALD W JR 8122-1\_TEM-TURNER RD JACKSONVILLE FL 32208 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 3R2E034 (10/00) TITLE TITLE Delete SABO, DONALD W JR NAME NAME 3532 TIDAL MARSH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 □ Change ☐ Addition TITLE Delete TITLE SABO, JENNIFER NAME NAME STREET ADORESS STREET ADDRESS 3532 TIDAL MARSH DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-ZIP TITLE □ Change Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 shipowered.