

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052502

1. Entity Name

SUNSHINE SEWING COMPANY, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90008 021 ***150.00

Principal Place of Business

173 SO SR 7
MARGATE FL 33068
US

Mailing Address

173 SO SR 7
MARGATE FL 33068
US

2. Principal Place of Business

1312 N. state Rd 7

3. Mailing Address

1312 N. state Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

FLORIDA

Zip

33063

Country

FLORIDA

4. FEI Number

65-0766166

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

NICOLL, FAY

181 SO. STATE ROAD 7
MARGATE FL 33068
1312 N. state Rd 7
MARGATE FL 33063

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NICOLL, FAY
181 SO. STATE ROAD 7
MARGATE FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
NICOLL, JENNIFER
181 SO. STATE ROAD 7
MARGATE FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NICOLL, FAY
173 SO SR 7
MARGATE FL 33068

☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
1312 No. state Rd 7
MARGATE FL 33063

☒ Change ☐ Addition

TITLE
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☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

4/16/01 954-971-480

CR2E034 (10/00)