

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91697 047 ***158.75

DOCUMENT # P97000066806

1. Entity Name
SUNSHINE ELECTRICAL & PLUMBING SUPPLY, INC.

Principal Place of Business

2730 S. FIRST STREET
LAKE CITY FL 32056-2349

Mailing Address

PO BOX 1448
LAKE CITY FL 32056-2349

2. Principal Place of Business

1396 SW MAIN BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3462701

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NORRIS, JOHN E
201 N. MARION STREET
SUITE 301
LAKE CITY FL 32055

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, 2002 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 ☐ Delete
NAME **DP**
STREET ADDRESS **MILTON, A.C.**
CITY-ST-ZIP **2730 S. FIRST STREET**
LAKE CITY FL 32055

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1396 SW MAIN BLVD**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **MILTON, MEARL**
CITY-ST-ZIP **2730 S. FIRST STREET**
LAKE CITY FL 32055

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1396 SW MAIN BLVD**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **MILTON, ALTON CARL JR**
CITY-ST-ZIP **2730 S. FIRST STREET**
LAKE CITY FL 32055

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1396 SW MAIN BLVD**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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

A.C. MILTON

5-7-02

386-752-1051

Date

Daytime Phone #

CR2E034 (9/01)