

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069790

1. Entity Name

SUNSHINE REFRESHMENT SERVICES, INC.

FILED

Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90017 044 \*\*\*150.00

Principal Place of Business

901 DOUGLAS AVENUE  
SUITE 100  
ALTAMONTE SPRINGS FL 32714

Mailing Address

185 DRENNAN RD  
STE 351  
ORLANDO FL 32806  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3462900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Frank Lucia

Street Address (P.O. Box Number is Not Acceptable)

185 Drennan Rd STE 351

City

ORLANDO

FL

Zip Code

32806

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

9/12/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE D ☐ Delete  
NAME BENNETT, JOHN  
STREET ADDRESS 185 DRENNAN RD  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ Delete  
NAME ULLO, PHILIP P  
STREET ADDRESS 185 DRENNAN RD  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ Delete  
NAME LUCIA, FRANK  
STREET ADDRESS 185 DRENNAN RD  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ Delete  
NAME LAWLOR, MICHAEL  
STREET ADDRESS 185 DRENNAN RD  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

9/12/00

407 251-8199

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
#P9700006 9790  
A0078507



To Whom It May Concern:

As instructed by one of your representatives I have enclosed a check for \$150 plus the filing form. Even though it says second notice I have never received the first notice.

We have started our fourth year in business and I pay and file all necessary taxes on time.

Thank you for your consideration concerning this matter.

Yours truly,

Frank Lucia  
President, CEO

