## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000071582** May 01, 2000 8:00 am Secretary of State FLORIDA SUNSHINE INVESTMENT, INC. 05-01-2000 90397 038 \*\*\*150.00 Principal Place of Business Mailing Address 6371-4 PRESIDENTIAL-CT 6371-4 PRESIDENTIAL CT FT MEYERS FL 23919-3544 FT MEYERS FL 33919 340131 2. Principal Place of Business 3. Mailing Address 110 RIVIERA 110 RIVIERA ST Suite, Apt. #, etc. Suite, Apt. #, etc. 5-089354a 4. FEI Number City & State City & State APPLIED FOR 且 LEHIGH LEHIGH Not Applicable \$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 MAIER\_KAZIN, E MATHIS. JULIE W Street Address (P.O. Box Number is Not Acceptable) 6371-4 PRESIDENTIAL CT FT MEYERS FL 33919 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 d agent and title if applicable. (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Addition Delete MAIER KARIN TITLE MAIER, KARIN NAME NAME 110, RIVIGRA ST STREET ADDRESS STREET ADDRESS 6371-4 PRESIDENTIAL CT LEHIGH ACRES FL 33972 CITY-ST-ZIP CITY-ST-ZIP FT MEYERS FL 33919 ☐ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIE \_ 🔲 . Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

04-10-2000

Daytime Phone #