

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079027

1. Entity Name

SUNSHINE STATE BILLING SERVICES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90068 008 ***150.00

Principal Place of Business 1210 7 FOWLER ST MYERS FL 33901	Mailing Address P.O. BOX 5434 KEY WEST FL 33045-5434
---	--

A0030243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4210-7 Fowler St Suite, Apt. #, etc.	3. Mailing Address 4210-7 Fowler St Suite, Apt. #, etc.
---	---

City & State FL Myers FL	City & State FL Myers FL	4. FEI Number 65-0783431	Applied For <input type="checkbox"/> Not Applicable
Zip 33901	Country USA	Zip 33901	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

CSC (CORPORATE AGENTS)
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2607

7. Name and Address of New Registered Agent

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 Jill Wagner, President DATE 3-13-00
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, JILL 3930 S. ROOSEVELT BLVD. KEY WEST FL 33045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)