

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000079027**
 1. Entity Name
Sunshine State Billing Services Inc.

FILED

01 MAR 30 PM 1:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
167 Timber Island Rd. Carrabelle FL 32322 **167 Timber Island Rd. Carrabelle FL 32322**

2. Principal Place of Business 3. Mailing Address
167 Timber Island Rd **167 Timber Island Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Carrabelle FL **Carrabelle FL** **65-0783431** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32322 USA 32322 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CSC (Corporate Agents) Name
1201 Hays St. Street Address (P.O. Box Number is Not Acceptable)
Tallahassee FL 32307-2607 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 (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed, of the registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Wagner Jill <input type="checkbox"/> Delete 167 Timber Island Rd Carrabelle FL 32322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003953692--3 --04/03/01--01078--011 ****150.00 ****150.00
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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: Jill Wagner, President Date **3-30-01** Daytime Phone # **850 697-9898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)