

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **P970000 96 858**
1. Entity Name
**SUNSHINE ENTERPRISE
FROSTPROOF, INC.**

FILED
02 MAY -6 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1141 FT. MEADE RD
Suite, Apt. #, etc. **-**

3. Mailing Address
1141 FT. MEADE RD
Suite, Apt. #, etc. **-**

DO NOT WRITE IN THIS SPACE

City & State **FROST PROOF** City & State **FROST PROOF**
Zip **33843** Country **POLK** Zip **33843** Country **POLK**

4. FEI Number **593479188** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **ANJUMAN A AHMED**
Street Address (P.O. Box Number is Not Acceptable)
1141 FT MEADE RD
City **FROST PROOF** FL Zip Code **33843**

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 **ANJUMAN** DATE **4-22-02**
Signature of officer or principal owner of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PRESIDENT**
NAME **AHMED ANJUMAN A**
STREET ADDRESS **1141 FT MEADE RD**
CITY - ST - ZIP **FROST PROOF, FL - 33843**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ANJUMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-22-02** Daytime Phone #

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SUNSHINE ENTERPRISES, FROSTPROOF, INC.
1141 FT. MEADE ROAD, FROSTPROOF, FL 33843
Tel/Fax: (863) 635-1135

April 22, 2002

Ms. Michelle Milligan
Document Specialist
Division of Corporations
Florida Department of State
P.O. Box: 6327
Tallahassee, FL 32314

Subject : REQUEST FOR REINSTATEMENT OF SUNSHINE ENTERPRISES,
FROSTPROOF, INC., BEARING DOC# P97000096858 & WAIVING
OF THE REINSTATEMENT FEES


Dear Ms. Milligan:

I have just come to know that the abovementioned Corporation has been inactive, as, I have never received any sort of notification. Only to-day, the 18th of April, 2002, when I was looking at the series of some of other corporations on online, it has, then come to my knowledge; and for this, I am very apologetic.

I am requesting your goodself to kindly reinstate (form enclosed) this Corporation at your earliest possible, with a request to your graciousness to kindly waive an amount of \$600.00 as reinstatement fees; and I am also enclosing a check of 327.50 to cover two (2) years' fees, i.e., for 2001 & 2002 (\$150+\$150), including certificate of status fee for two years (\$8.75+\$8.75) plus \$10.00 (\$5.00+\$5.00) for two (2) years' election campaign financing trust fund as mentioned in the form.

Thanking you in anticipation with the preeminent regards,

Truly yours,
For SUNSHINE ENTERPRISES, FROSTPROOF, INC.


Anjuman A Ahmed

Enclo: Reinstatement Form properly filled in with \$150.00 + \$150.00 for the fiscal year of 2001 and 2002.