

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90161 005 ***150.00

DOCUMENT # P98000000199

1. Entity Name
SUNSHINE PROMOTIONS & MARKETING, INC.



Principal Place of Business
**1914 CROTON COURT
WESTON FL 33327**

Mailing Address
**1914 CROTON COURT
WESTON FL 33327**

2. Principal Place of Business
6279 SHADOW TREE LANE

3. Mailing Address
6279 SHADOW TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State
LAKE WORTH, FL

Zip Country
33463

Zip Country
33463

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0802979**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIEFENTHALER, ABIGAIL M
1914 CROTON COURT
WESTON FL 33327**

Name

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

6279 SHADOW TREE LANE

City **LAKE WORTH**

FL

Zip Code **33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **1/30/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P TIEFENTHALER, ABIGAIL** ☐ Delete
STREET ADDRESS **471 SAILBOAT CIRCLE**
CITY-ST-ZIP **WESTON FL 33328**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **6279 SHADOW TREE LANE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/30/03** DAYTIME PHONE # **304-0130**

CR2E034 (10/02)