

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000807

1. Entity Name

SUNSHINE TOYS & COLLECTIBLES INC.

Principal Place of Business

2800 E COMMERCIAL BLVD  
208  
FORT LAUDERDALE FL 33308

Mailing Address

2800 E COMMERCIAL BLVD  
208  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

1665 N. Old Dixie Hwy  
Suite 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Zip

Country

Zip

33469

6. Name and Address of Current Registered Agent

ALLEN H. KATZ PA  
2800 E COMMERCIAL BLVD 208  
FORT LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

TITLE VP  
NAME SHINDOLL, WAYNE  
STREET ADDRESS 1665 N OLD DIXIE HWY 1  
CITY-ST-ZIP JUPITER FL 33469

TITLE OP  
NAME SHINDOLL, LEISA  
STREET ADDRESS 1665 N OLD DIXIE HWY 1  
CITY-ST-ZIP JUPITER FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90192 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)