

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90026 021 ***150.00

DOCUMENT # P98000000807

1. Entity Name
SUNSHINE TOYS & COLLECTIBLES INC.

Principal Place of Business

1665 N OLD DIXIE HWY
 STE 1
 JUPITER FL 33469

Mailing Address

~~2800 E COMMERCIAL BLVD~~
~~200-~~
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1665 N. Old Dixie Hwy

City & State

Jup. Fl

4. FEI Number 65-0805875

Applied For
☐ Not Applicable

Zip

Country

33469

USA

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

6. Name and Address of Current Registered Agent

ALLEN H. KATZ PA
 2800 E COMMERCIAL BLVD 200
 FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: Leisa D. Shindoll
 Street Address (P.O. Box Number is Not Acceptable): 1665 N. Old Dixie Hwy, Ste 1
 City: Jup. Fl Zip Code: 33469

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 *Leisa D. Shindoll* Leisa D. Shindoll 2/22/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SHINDOLL, WAYNE	
STREET ADDRESS	1665 N OLD DIXIE HWY 1	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	OP	<input type="checkbox"/> Delete
NAME	SHINDOLL, LEISA	
STREET ADDRESS	1665 N OLD DIXIE HWY 1	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Leisa D. Shindoll* Leisa D. Shindoll 2/22/02 561-745-8692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)