

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90297 034 \*\*\*150.00

**DOCUMENT # P98000003660**

1. Entity Name  
**SUNSHINE RESEARCH, INC.**

Principal Place of Business <b>915 HARBOR LAKE CT          SAFETY HARBOR FL 34695          US</b>	Mailing Address <b>915 HARBOR LAKE CT          SAFETY HARBOR FL 34695          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1501 S. Pinellas Ave</b>	3. Mailing Address <b>1501 S. Pinellas Ave</b>
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Suite, Apt. #, etc. <b>3 H</b>	Suite, Apt. #, etc. <b>3 H</b>
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City & State <b>TARPON SPRINGS</b>	City & State <b>TARPON SPRINGS</b>
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Zip <b>FL</b>	Country <b>VSA</b>	Zip <b>34689</b>	Country
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4. FEI Number <b>59-3486338</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCSUNAS, THOMAS J  
 915 HARBOR LAKE COURT  
 SAFETY HARBOR FL 34695**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 *Thomas J. McSunas*

DATE **4-10-02**

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MCSUNAS, THOMAS J 1500 SUNSET RD B-7 TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP GOMEZ, FERNANDO A 1456 LAKEVIEW DR TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas J. McSunas* DATE: **4-10-02** DAYTIME PHONE #: **727 939 9039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/01)