

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025802

1. Entity Name

SUNSHINE CONCEPTS, INC.

Principal Place of Business

13511 STACEY DRIVE
HUDSON FL 34667

Mailing Address

13511 STACEY DRIVE
HUDSON FL 34667

2. Principal Place of Business

8710 BRAYTON DR.

3. Mailing Address

8710 BRAYTON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

HUDSON FL

Zip

34667

Country

USA.

Zip

34667

Country

USA.

6. Name and Address of Current Registered Agent

LEYLAND, DAVID
13511 STACEY DRIVE
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

DAVID LEYLAND

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

8710 BRAYTON DR.

City

HUDSON

FL

Zip Code

34667

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.

DAVID LEYLAND

(NOTE: Registered Agent Signature required when reinstating)

4/25/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	LEYLAND, DAVID	
STREET ADDRESS	13511 STACEY DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEYLAND, JOYCE	
STREET ADDRESS	13511 STACEY DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID R. & JOYCE M. LEYLAND LIVING	
STREET ADDRESS	8710 BRAYTON DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LEYLAND

Date

4/25/01

Daytime Phone #

727-849-7274

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90453 033 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)