

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000041096**

1. Entity Name

SUNSHINE RARITIES, INC.**FILED**
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90045 043 ***150.00

Principal Place of Business

**12283 CASCADES POINT DRIVE
BOCA RATON FL 33428**

Mailing Address

**12283 CASCADES POINT DRIVE
BOCA RATON FL 33428-4853**

2. Principal Place of Business

5680 Pacific Blvd.

Suite, Apt. #, etc.

#1208

City & State

Boca Raton, Florida

Zip

33433

Country

USA

3. Mailing Address

5680 Pacific Blvd.

Suite, Apt. #, etc.

#1208

City & State

Boca Raton, Florida

Zip

33433

Country

USA

4. FEI Number

65-0851142

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fees Required****6. Name and Address of Current Registered Agent****PERICO, JILL T
12283 CASCADES POINT DRIVE
BOCA RATON FL 33428****7. Name and Address of New Registered Agent**

Name

James P. Dempsey

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

5680 Pacific Blvd., #1208

City

Boca Raton

FL

Zip Code

33433

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 *James P. Dempsey*, James P. Dempsey

(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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	PERICO, JILL T	12283 CASCADES POINT DRIVE	BOCA RATON FL 33428

☒ Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President/Director	James P. Dempsey	5680 Pacific Blvd., #1208	Boca Raton, FL 33433

☒ Change ☐ Addition☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 *James P. Dempsey*, James P. Dempsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)