

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90003 026 ***550.00

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DOCUMENT # P98000103124

1. Entity Name

SUNSHINE MANAGEMENT & RENTAL, INC.

Principal Place of Business

**2901 LOTUS CT
 KISSIMMEE FL 34747**

Mailing Address

**2901 LOTUS CT
 KISSIMMEE FL 34747**

2. Principal Place of Business

7852 W. Irlo BRONSON HWY

Suite, Apt. #, etc.

3. Mailing Address

7852 W. Irlo BRONSON HWY

Suite, Apt. #, etc.

City & State

Kissimmee Florida

Zip
34747

Country
USA

City & State

Kissimmee, Florida

Zip
34747

Country
USA

4. FEI Number

59-3545987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CLEMENTS, SHERRY
 2901 LOTUS COURT
 KISSIMMEE FL 34747**

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

Sherry Clements

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

Sherry Clements, President

(NOTE: Registered Agent signature required when reinstating)

7/16/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
**DP
 CLEMENTS, SHERRY
 2901 LOTUS COURT
 KISSIMMEE FL 34747** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ 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:

Sherry Clements
Sherry Clements, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01

Date

407-396-7608

Daytime Phone #

CR2E034 (5/01)