

2001 UNIFORM BUSINESS REPORT (UBR)

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

City & State

KISSIMMEE, Florida

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

59-3545987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, SHERRY		NAME	
STREET ADDRESS	2901 LOTUS COURT		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34747		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

Sherry Clements

SIGNATURE:

Sherry Clements, President

7/16/01

407-396-7608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

010327
AV

CR2E034 (5/01)