

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90079 025 ***158.75

DOCUMENT # P98000104551



1. Entity Name
SUNSHINE TRANSPORT, INC.

Principal Place of Business
**615 SAINT PATRICK DR.
TALLAHASSEE FL 32310**

Mailing Address
**615 SAINT PATRICK DR.
TALLAHASSEE FL 32310**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3553549**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES
53-5363060

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, LORA MAY
615 SAINT PATRICK DR.
TALLAHASSEE FL 32310**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|------------------------------|---------------------------------|-------|--|----------------|-------------|
| | <input type="checkbox"/> Delete | PVCD | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | COOK, JACK RANDALL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | 615 SAINT PATRICK DR. | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | TALLAHASSEE FL 32310 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | TSM | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | COOK, LORA MAY | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | 615 SAINT PATRICK DR. | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | <input type="checkbox"/> Delete | TALLAHASSEE FL 32310 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-03 850-574-1011

Date

Daytime Phone #

CR2E034 (10/02)

Attachment P#8000104551

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

EIN **53-5363060**
OMB No. 1545-0003

See separate instructions for each line. Keep a copy for your records.

Type or print clearly

1 Legal name of entity (or individual) for whom the EIN is being requested
Sunshine Transport, Inc.

2 Trade name of business (if different from name on line 1)
615 Saint Patrick Drive

3 Executor, trustee, "care of" name
800 264 260

4a Mailing address (room, apt., suite no. and street, or P.O. box)
615 Saint Patrick Drive

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Tallahassee Florida 32310-1116

5b City, state, and ZIP code

6 County and state where principal business is located
Leon, Florida

7a Name of principal officer, general partner, grantor, owner, or trustee
Jack Randall Cook

7b SSN, ITIN, or EIN
261-41-7111

8a Type of entity (check only one box)

- Sole proprietor (SSN)
- Partnership
- Corporation (enter form number to be filed) 1120S
- Personal service corp.
- Church or church-controlled organization
- Other nonprofit organization (specify)
- Other (specify)

- Estate (SSN of decedent)
- Plan administrator (SSN)
- Trust (SSN of grantor)
- National Guard
- State/local government
- Farmers' cooperative
- Federal government/military
- REMIC
- Indian tribal governments/enterprises

Group Exemption Number (GEN)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida Foreign country

9 Reason for applying (check only one box)

- Started new business (specify type) Trucking
- Changed type of organization (specify new type)
- Purchased going business
- Created a trust (specify type)
- Created a pension plan (specify type)
- Hired employees (Check the box and see line 12.)
- Compliance with IRS withholding regulations
- Other (specify)

10 Date business started or acquired (month, day, year)
July 1, 2002

11 Closing month of accounting year
December 31

12 First date wages of annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 7-15-02

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".

Agricultural Household Other 3

14 Check one box that best describes the principal activity of your business.

- Construction
- Rental & leasing
- Transportation & warehousing
- Real estate
- Manufacturing
- Finance & insurance
- Health care & social assistance
- Accommodation & food service
- Other (specify)
- Wholesale-agent/broker
- Wholesale-other
- Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
TRANSPORT

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name Trade name

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name
Lora M. Cook

Designee's telephone number (include area code)
() () ()

Address and ZIP code
615 Saint Patrick Drive Tallahassee FL

Designee's fax number (include area code)
() () ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) Jack R. Cook

Applicant's telephone number (include area code)
(850) 574-1011

Signature [Signature] Date 6-27-02

Applicant's fax number (include area code)
(850) 574-3399