

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90029 006 ***150.00

DOCUMENT # P99000012164

1. Entity Name
SUNSHINE CARPET & TILE, INC.

Principal Place of Business
158 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Mailing Address
351 E. MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952

2. Principal Place of Business
158 E Merritt Island Cswy
Suite, Apt. #, etc.

3. Mailing Address
158 E. Merritt Island Cswy
Suite, Apt. #, etc.
Merritt Island FL

City & State
Merritt Island FL

City & State

4. FEI Number 59-3568813

Applied For
Not Applicable

Zip 32952 Country Brevard

Zip 32952 Country Brevard

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALI, JOSEPH
351 E. MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952

158

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

Joseph Cali

4/27/2001
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALI, JOSEPH 158 EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Cali

4/27/2001

Daytime Phone #

321-455-6543

CR2E034 (10/00)