

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 047 ***150.00

DOCUMENT # **P99000027073**

1. Entity Name

SUNSHINE HOUSE INVEST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Admirals Business Center** 3. Mailing Address **Admirals Business Center**

Suite, Apt. #, etc. **205 Joel Blvd., Suite #208** Suite, Apt. #, etc. **205 Joel Blvd., Suite #208**

City & State **Lehigh Acres FL** City & State **Lehigh Acres**

Zip **33972** Country **FL** Zip **33972** Country **FL**

4. FEI Number **650914235** Applied For ☐ Not Applicable ☒

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

7. Name and Address of Current Registered Agent

Name **PJUNER, Heinz S**

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

1140 Lee BLVD., Suite 101-103

City **Lehigh Acres** FL Zip Code **33970-1361**

**DO NOT WRITE
IN THIS SPACE**

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

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

(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)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$850.00
Amended UBR is \$81.25
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 **PD**
NAME **Aggeler Konrad**
STREET ADDRESS **P.O. Box 1631**
CITY-ST-ZIP **Lehigh Acres, FL 33970**

TITLE **TSD**
NAME **Aggeler Beate**
STREET ADDRESS **P.O. Box 1631**
CITY-ST-ZIP **Lehigh Acres, FL 33970**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Konrad Aggeler

04-24-02

0049-7566-907728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)