

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90185 019 ***150.00

DOCUMENT # P99000038527

1. Entity Name

SUNSHINE UNLIMITED CORPORATION OF N.W. FL.

Principal Place of Business

482 SANDY RIDGE CIRCLE
MARY ESTHER FL 32569

Mailing Address

482 SANDY RIDGE CIRCLE
MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

P.O. BOX 451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARY ESTHER FL

Zip

Country

Zip

32569

Country

USA

4. FEI Number

59-3570496

Applied For

Not Applicable

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

SANDERS, EARNEST
482 SANDY RIDGE CIRCLE
MARY ESTHER FL 32569

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

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)

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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.

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**\$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 ☐ Delete
SANDERS, EARNEST
482 SANDY RIDGE CIRCLE
MARY ESTHER FL 32569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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SANDERS, EUCELLA
482 SANDY RIDGE CIRCLE
MARY ESTHER FL 32569

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☐ 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:

EARNEST SANDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR

Date

850 581-4817

Daytime Phone #

0469107

CR2E034 (10/00)