

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90180 045 \*\*\*150.00

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**DOCUMENT # P99000038527**

**1. Entity Name**  
**SUNSHINE UNLIMITED CORPORATION OF N.W. FL.**



**Principal Place of Business**  
**760 PEARL SAND DR**  
**MARY ESTHER FL 32569**

**Mailing Address**  
**PO BOX 451**  
**MARY ESTHER FL 32569**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3570496**

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**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. 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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, EARNEST	
STREET ADDRESS	482 SANDY RIDGE CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, EUCELLA	
STREET ADDRESS	482 SANDY RIDGE CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	760 PEARL SAND DR	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	760 PEARL SAND DR	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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** **PEARNEST SANDERS**

**24 APRIL 2003**

**850-501-4819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (10/02)