

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90248 039 \*\*\*150.00

DOCUMENT # P99000038743

1. Entity Name

SUNSHINE WHOLESALE OF OCALA, INC.



**DO NOT WRITE IN THIS SPACE**

94072512

2. Principal Place of Business

445 SW 52ND AVE #300

Suite, Apt. #, etc.

3. Mailing Address

445 SW 52ND AVE #300

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

32650

Country

Zip

32650

Country

4. FEI Number

59-3572189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**RAKESH J. PATEL**

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

**445 SW 52ND AVE #300**

City

**OCALA,**

**FL**

Zip Code

**32650**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PS
NAME	RAKESH J PATEL
STREET ADDRESS	445 SW 52ND AVE #300
CITY-ST-ZIP	OCALA, FL 32650
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 1/352-873-7622

CR2E034B (12/02)