

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

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90091 004 ***150.00

DOCUMENT # P99000038743

1. Entity Name

SUNSHINE WHOLESALE OF OCALA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
445 SW 52ND AVE. #300

3. Mailing Address
445 SW 52ND AVE. #300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
593572189

Applied For
Not Applicable

Zip
32650

Country

Zip
32650

Country

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 52 ND 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]*

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
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STREET ADDRESS
CITY-ST-ZIP

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 (352) 873-7622
Date Daytime Phone #

CR2E034B (12/02)