

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90251 005 \*\*\*150.00

**DOCUMENT # P99000061543**

1. Entity Name  
**SUNSHINE WATER CONDITIONERS, INC.**

Principal Place of Business  
**7816 CONGRESS ST**  
**PORT RICHEY FL 34668**

Mailing Address  
**POST OFFICE BOX 1568**  
**NEW PORT RICHEY FL 34656-1568**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4802 DRIFT TIDE DRIVE**

3. Mailing Address  
**4802 DRIFT TIDE DRIVE**

Suite, Apt. #, etc.

City & State  
**NEW PORT RICHEY FL**

City & State  
**NEWPORT RICHEY FL**

Zip  
**34652**

Country  
**PASCO**

Zip  
**34652**

Country  
**PASCO**

4. FEI Number  
**59-3069543**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BISAHA, DAVID A**  
**118 GULFWINDS DRIVE, EAST**  
**PALM HARBOR FL 34683**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6434 WEST RICHARD DRIVE**

City  
**WEEKI WACHEE**

FL

Zip Code  
**34607**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BISAHA, DAVID A</b> <b>118 GULFWINDS DR E</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BISAHA, DEBRA A</b> <b>118 GULFWINDS DR E</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BISAHA, DAVID A.</b> <b>6434 WEST RICHARD DRIVE</b> <b>WEEKI WACHEE, FL 34607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BISAHA, DEBRA A.</b> <b>6434 WEST RICHARD DRIVE</b> <b>WEEKI WACHEE, FL 34607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DEBRA A. BISAHA** *Debra A. Bisaha* **1/17/02 (727) 848-7798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)