

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2003

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90192 037 ***150.00

DOCUMENT # P99000061543

1. Entity Name

SUNSHINE WATER CONDITIONERS, INC.



DO NOT WRITE IN THIS SPACE

90028914

2. Principal Place of Business

4802 DRIFT TIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4802 DRIFT TIDE DRIVE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3069543

Applied For

Not Applicable

Zip

34652

Country

USACC

Zip

34652

Country

USA

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

BISAHA, DAVID A

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

6424 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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BISAHA, DAVID A
6424 WEST RICHARD DRIVE
WEEKI WACHEE, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BISAHA, DEBRA A
6424 WEST RICHARD DRIVE
WEEKI WACHEE, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Debra A. Bisaha V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

Daytime Phone *

CR2E034B (12/02)