

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064453

1. Entity Name

SUNSHINE SANITIZING SERVICES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90050 004 ***150.00

Principal Place of Business

Mailing Address

C/O STEPHEN G. WILLIAMS
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

C/O STEPHEN G. WILLIAMS
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

00046047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

867 Sevilla Drive

867 Sevilla Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Boca Raton, FL

4. FEI Number

65 0806354

Applied For

Not Applicable

Zip

Country

33432

Zip

Country

33432

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

Name

Cornetta, Joseph

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

867 Sevilla Drive

City

Boca Raton,

FL

Zip Code

33432

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

Joseph Cornetta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

26 Feb 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CORNETTA, JOSEPH
STREET ADDRESS 867 SEVILLA DRIVE
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME CORNETTA, JOHN
STREET ADDRESS 16545 WINDBRIDGE DRIVE
CITY-ST-ZIP ALPHATETTA GA 30201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Joseph Cornetta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Feb 2000

Date

Daytime Phone #

CR2E034 (9/99)