

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90084 040 ***150.00

04R5901 AV

DOCUMENT # P99000066995



1. Entity Name
DENIS BOURGOING SUNSHINE INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~1799 N. HIGHLAND AVENUE~~ ~~1799 N. HIGHLAND AVENUE~~
~~SUITE #188~~ ~~SUITE #188~~
~~CLEARWATER FL 33755~~ ~~CLEARWATER FL 33755~~

2. Principal Place of Business 3. Mailing Address
10500 ULMERTON **97 MINEOLA DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
RD # 776 **E.**

City & State City & State
LARGO **BELLEAIR BLUFFS**
Zip Country Zip Country
33771 **USA** **33770** **USA**

4. FEI Number Applied For
59-3590337 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BOURGOING, DENIS
~~1799 N. HIGHLAND AVENUE~~ **97 MINEOLA DR. E.**
~~SUITE #188~~ **BELLEAIR BLUFFS**
~~CLEARWATER FL 33755~~ **FL. 33770**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00 -
After May 1, 2003 Fee will be \$550.00
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	PTS <input type="checkbox"/> Delete
NAME	BOURGOING, DENIS
STREET ADDRESS	1799 N. HIGHLAND AVENUE #188
CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	VPD <input type="checkbox"/> Delete
NAME	BOURGOING, DENIS
STREET ADDRESS	1799 N. HIGHLAND AVENUE #188
CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: **4/1/03** Daytime Phone #: **727 481 2118**

CR2E034 (10/02)