

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078644

1. Entity Name

SUNSHINE ENTERPRISES ALTAMONTE, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 022 ***150.00

Principal Place of Business

16747 CORDOBA ST.
WINTER GARDEN FL 34787

Mailing Address

16747 CORDOBA ST.
WINTER GARDEN FL 34787-9323

2. Principal Place of Business

515E ALTAMONTE DRIVE

Suite, Apt. #, etc.

1021

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

3. Mailing Address

515E ALTAMONTE DRIVE

Suite, Apt. #, etc.

1021

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

4. FEI Number

59-3595761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, KATHLEEN
515 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE

Kathleen Brewer

March 6th 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD ☐ Delete
NAME BREWER, KATHLEEN
STREET ADDRESS 16747 CORDOBA ST.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE VD ☐ Delete
NAME BREWER, JOHN E
STREET ADDRESS 16747 CORDOBA ST.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Kathleen Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6th 2000

Date

407-830-7094

Daytime Phone #

CR2E034 (9/99)