

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091663

1. Entity Name

SUNSHINE SIGNS, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90059 031 \*\*\*150.00

Principal Place of Business

Mailing Address

903 NE 42ND STREET  
OAKLAND PARK FL 33334

4931 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33067-2891

2. Principal Place of Business

3. Mailing Address

903 NE 42ND ST

4931 RIVERSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OAKLAND PARK, FL.

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33334

USA BROWARD

33067

USA

4. FFI Number

Applied For

Not Applicable

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

ALGERIA, CHERYL  
4931 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33067

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS CHERYL ALGERIA  
CITY-ST-ZIP 4931 RIVERSIDE DR.  
CORAL SPRINGS, FL. 33067

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

TITLE ☐ Delete  
NAME SECRETARY  
STREET ADDRESS CHERYL ALGERIA  
CITY-ST-ZIP 4931 RIVERSIDE DR.  
CORAL SPRINGS, FL. 33067

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

TITLE ☐ Delete  
NAME TREASURER  
STREET ADDRESS CHERYL ALGERIA  
CITY-ST-ZIP 4931 RIVERSIDE DR.  
CORAL SPRINGS, FL. 33067

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Cheryl Algeria CHERYL ALGERIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 345-1083

CR2E034 (9/99)