

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22196

1. Entity Name

SUNSHINE INVESTMENT CORPORATION OF DELAND

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90003 046 \*\*\*150.00

Principal Place of Business  
3201 N. HWY 17  
DELAND FL 32720

Mailing Address  
3201 N. HWY 17  
DELAND FL 32720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3129127**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EDWARD V. DAVIES**  
**3201 N. HWY 17**  
**DELAND FL 32720**

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 \_\_\_\_\_ (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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DAVIES, EDWARD V	
STREET ADDRESS	3201 N HWY 17	
CITY-ST-ZIP	DELAND FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MURPHY, WM. R	
STREET ADDRESS	3201 N HWY 17	
CITY-ST-ZIP	DELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BULLIS, JEROME W	
STREET ADDRESS	3201 N HWY. 17	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		

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: Edward V. Davies **EDWARD V. DAVIES** 1/4/01 904 738-1684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0046403

CR2E034 (10/00)