## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # \$36768** SUNSHINE FOOD STORE, INC. 03-19-2001 90053 008 \*\*\*150.00 Mailing Address Principal Place of Business 2006 CURRY FORD ROAD 2006 CURRY FORD ROAD ORLANDO FL 32806 ORLANDO FL 32806 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3052870 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2006 CURRY FORD RD ORLANDO FL 32806 Zio Code City 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 alignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP Addition CR2E034 (10/00 TITLE □ Delete VAN. BRIAN NAME NEME 2006 CURRY FORD RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition DS TITLE ☐ Delete TITLE van, david NAME NAME 2006 CURRY FORD RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-Z)P Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS · CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ŽIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Devime Phone #

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