

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90108 012 ***150.00

DOCUMENT # S70921

1. Entity Name
SUNSHINE GIFT FRUIT SHIPPERS, INC.



Principal Place of Business
13701 SW 240 ST
PRINCETON FL 33032
US

Mailing Address
P.O. BOX 8
GOULDS FL 33170



2. Principal Place of Business

3. Mailing Address

22305 SW 157 Ave **PO Box 8**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GOULDS FLORIDA

GOULDS FLORIDA

Zip
33170

Country
USA

Zip
33170

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0277780**

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

KENDALL, LINDA L.
22305 SW 157TH AVE
GOULDS FL 33170

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
KENDALL, LINDA L
22305 SW 157TH AVE
GOULDS FL 33170

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Linda L Kendall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 305-245-5127
Date Daytime Phone #

CR2E034 (10/02)