

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86987

1. Entity Name

SUNSHINE EXPRESS CLEANING, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90035 003 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 3251
VENICE FL 34293

P.O. BOX 3251
VENICE FL 34293-6546

2. Principal Place of Business

3. Mailing Address

131 STANFORD ROAD

131 STANFORD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

Zip

Country

Zip

Country

34293 SARASOTA

34293 SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUEY, DOROTHY
131 STANFORD RD.
VENICE FL 34293

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

4-11-00

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	P	<input type="checkbox"/> Delete
NAME	HUEY, DOROTHY	
STREET ADDRESS	131 STANFORD ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY HUEY

Date

Daytime Phone #

4-11-00 941-497-225

717348



DO NOT WRITE IN THIS SPACE