2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # V01411 1. Entity Name SUNSHINE INVESTMENT GROUP, INC. 05-11-2000 90287 039 ***150.00 Principal Place of Business Mailing Address 7432 CORTEX RD W 7432 CORTEX RD W **BRADENTON FL 34210 BRADENTON FL 34210-2444** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0421725 Not-Applicable Country Country Zip -Zip -**\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERGER, TODD Street Address (P.O. Box Number is Not Acceptable) 810 63RD AVENUE NORTH ST. PETERSBURG FL 33702 Zip Code FL 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. of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PD Addition ☐ Change TITLE ☐ Delete TITLE DEFIBAUGH, DAVID NAME NAME 7432 CORTEZ RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE BERGER, TODD NAME NAME 810 63RD AVENUE, N. STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP CITY-ST-ZIP St. Petersburg fl ☐ Change ☐ Addition TITLE ☐ Delete TITLE MANGIE, EDWARD NAME NAME 7432 Cortez R W -6415 MANATEE AVENUE, WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO