

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90072 006 ***158.75

DOCUMENT # V35034

1. Entity Name
CAMP SUNSHINE SUMMER DAY CAMP, INC.



Principal Place of Business

**7901 SW 36 STREET
SUITE 202
DAVIE FL 33328
US**

Mailing Address

**7901 SW 36 STREET
SUITE 202
DAVIE FL 33328
US**

30017130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0333867**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOUGHTY, JANICE

2131-SW-92ND-TERRACE

UNIT #1601

FORT LAUDERDALE FL 33324

Change of Address Only

Name

Doughty, Janice

Street Address (P.O. Box Number is Not Acceptable)

7901 S.W. 36 Street, Suite 202

City **Davie**

FL

Zip Code

33328

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

Janice Doughty
(NOTE: Registered Agent signature required when reinstating)

1/17/03
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 **PD**
NAME **DOUGHTY, JANICE** ☒ Delete
STREET ADDRESS **2131 S.W. 92ND TERRACE, UNIT #1601**
CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **PD**
NAME **Doughty, Janice** ☒ Change ☐ Addition
STREET ADDRESS **7901 SW 36 Street, Suite 202**
CITY-ST-ZIP **Davie, Florida 33328**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Janice Doughty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-954-236-8850
Daytime Phone #

CR2E034 (10/02)