2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am DOCUMENT # P99000057451 **Secretary of State** 1. Entity Name SUNSHINE CENTURY CORP. 03-05-2001 90077 043 ***150.00 Principal Place of Business Mailing Address 200 E. ROBINSON ST. STE, 500 5514 W RIVER BOTTOM AVE FRESNO CA 93722 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 2753 State Road 580 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3583210 earwater. FL Not Applicable Zip Country \$8.75 Additional U.S.A. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent tephenson FLORIDA CORPORATE SUPPORT, INC. Street Address (P.O. Box Number is Not Acceptable) 200 E. ROBINSON ST. STE. 500 ORLANDO FL 32801 State Road 580 2153 Suite# earwater 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 FILE /90W!!! 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition TITLE ☐ Delete YANG. SHU-JANE NAME NAME 5514 RIVER BOTTOM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRESNO CA 93722 SD TITLE ☐ Delete TITLE Change ☐ Addition HE. XIUMIN NAME NAME 5514 RIVER BOTTOM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRESNO CA 93722 TITLE = Delete Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shuffam your as President Fob 26, 200/

537-27/3370