## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # K21528** 1. Entity Name 1075 SUNRISE CORP. 04-18-2001 90316 001 \*\*\*793.75 Principal Place of Business Mailing Address 11400 SR 84 11400 SR 84 DAVIE FL 33325 DAVIE FL 33325 0/687 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 65-0064202 Not Applicable Zip \$8.75 Additional Country Country 5.-Certificate of Status Desired \_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IAMES COSTEUD JR. COSTELLO, JAMES J., JR. Street Address (P.O. Box Number is Not Aeceptable) 700 NW 100 TERR **PLANTATION FL 33324** 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. NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT ID KEVIN C. COOK 13030 NW STH ST Change ☐ Addition TITLE ☐ Delete TITLE COOK, KEVIN C. NAME NAME STREET ADDRESS STREET ADDRESS 13030 NW 5TH ST PLANTATION, PL 33325 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete TITLE Costello. NAME COSTELLO, JAMES J. J NAME STREET ADDRESS 700 NW 100 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL VTD TITLE ☐ Delete TITLE NAME MILLER, JEREL M. NAME STREET ADDRESS 900 GROVESMERE LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** COSTEILO, JAMES J. SA Change P.O. BOX 157 OAKLAND, Fl. 34760 ☐ Delete DHE COSTELLO, JAMES J. S NAME NAME STREET ADDRESS 6801 NW 6TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition