

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90095 049 ****61.25

DOCUMENT # N94000001800

1. Entity Name

SUN-UP OF INDIAN RIVER, INC.

Principal Place of Business

Mailing Address

5070 N A1A S
 SUITE 205
 VERO BEACH FL 32963

PO BOX 6819
 VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

3003 CARDINAL DR
 Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.

City & State
VERO BEACH FL

City & State

Zip
32963

Country
USA

Zip

Country

4. FEI Number

65-0748943

Applied For

Not Applicable

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

SWANSON, JOHN F.

4857 N NEWPORT ISLAND DRIVE

VERO BEACH FL 32963

3003 CARDINAL DR
VERO BEACH, FL. 32963

Name

JOHN F. SWANSON

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

3003 CARDINAL DR SUITE B

City

VERO BEACH

FL

Zip Code

32963

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

1-23-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROSS, DAVID**
 CITY-ST-ZIP **1325 RIVER RIDGE DRIVE**
VERO BEACH FL 32963

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SACKVILLE, WALTER**
 CITY-ST-ZIP **90 BEACHSIDE DR. #301**
VERO BEACH FL 32963

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

TITLE ☐ Delete
 NAME **J**
 STREET ADDRESS **BLOCK, JUDITH**
 CITY-ST-ZIP **1405 CORONA LANE**
VERO BEACH FL 32963

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WEEMS, GARY**
 CITY-ST-ZIP **4095 58TH CIRCLE**
VERO BEACH FL 32966

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **ROGER W. LATOIE**
 CITY-ST-ZIP **3545 OCEAN DR #201**
VERO BEACH, FL 32963

TITLE ☐ Delete
 NAME **CS**
 STREET ADDRESS **KRAJEWSKY, JOHN**
 CITY-ST-ZIP **1699 WHITMORE ST.**
SEBASTIAN FL 32958

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SWANSON, JOHN F**
 CITY-ST-ZIP **4857 N. NEWPORT ISLAND DR.**
VERO BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 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 617, 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:

SIGNATURE REQUIRED

1-23-02

(561) 234-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)