## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

5500 WAYZATA BLVD.. SUITE 725

F00000005337

Mailing Address

5500 WAYZATA BLVD., SUITE 725

1. Entity Name

SUNRISE INTERNATIONAL LEASING CORPORATION



02-03

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90158 034 \*\*\*150.00

GOLDEN VALL	LEY MN 55416		GOLDEN VALLEY MN 55416										
2. Principal Place of Business			3. Mailing Address								0   0   0   1   1   1   1   1   1   1		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State				& State			41-15/81/5			oplied For ot Applicable			
Zip Country			Zip		Coun	Country 5		<b>5</b> . C	Certificate of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
							Name						
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD													
PLANTATION	ON FL 33324	4								•			
						City				FL	Zip Code	e	
	named entity tions of registe		or the purp	ose of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if app	ficable. (NOT	E: Registere	d Agent signati	ure required v	when rei	instating)	DATE			
	THE NOW!	L EEE 10 6150 00						1					
		FEE IS \$150.00 Fee will be \$550.00						1	9. Election Campaign F	inancing	\$5.0	О мау Ве	
		•	f State					- 1	Trust Fund Contributi	on. [	☐ Added	I to Fees	
Make Check Payable to Florida Department of State										= = = =			
10.	lon	OFFICERS AND	DIRECTO		11.		5.45		DITIONS/CHANGES TO OF	FICERS AND			
TITLE	CD DCT	-D I		☐ Delete	TITLE		Dige	, CIO	Gerst		Change	Addition	
NAME	KING, PETE		E		NAMI		Greg	ص دمسا	a monica Way			1	
STREET ADDRESS 5500 WAYZATA BLVD., SUITE 725 CITY-ST-ZIP GOLDEN VALLEY MN 55416			<b>5</b>			ET ADDRESS ST-ZIP	500	I.m	neisco, CA 9412	7			
CITY-ST-ZIP		ALLET MIN 33410			_								
TITLE	D	TERUELI O		☐ Delete	TITLE		DIRE				☐ Change	Addition	
NAME	HIGGINS, S				NAMI		will	am	B. 1219				
STREET ADDRESS		HLER ROAD				ET ADDRESS	1801	KOY	Drive allo				
CITY-ST-ZIP	LORETTO N				_	·ST-ZIP	Burlin	gan	e, CA 94101				
TITLE	D	94 250 America		☐ Delete	TITLE		-				☐ Change	Addition	
NAME	KING, RUSS				NAME								
	5967 HIGH\					ET ADDRESS							
CITY-ST-ZIP	+	V MN 55126-8485		<del> <u></u> </del>	LIIT-	ST-ZIP							
TITLE	VSC			Delete	TITLE						Change	☐ Addition	
NAME	TEAL, JAME		_		NAME								
		'ATA BLVD., SUITE 72	5			ET ADDRESS						1	
CITY-ST-ZIP		ALLEY MN 55416			CITY-	ST-ZIP							
TITLE	ACAS			Delete	TITLE						Change	☐ Addition	
NAME	Stoa, Leif				NAME							1	
		ATA BLVD., SUITE 72	5			ET ADDRESS						}	
CITY-ST-ZIP	GOLDEN VA	ALLEY MN 55416			CITY-	ST-ZIP							
TITLE	D			Delete	TITLE						Change	☐ Addition	
	PREBLE, KE				NAME	!							
	3161 ROBIN					T ADDRESS							
CITY-ST-ZIP	INAKI AND (	:A 94602			CITY-	ST-7IP							

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:



1/28/03

763-513-3289

Daytime Phone #

CR2E034 (10/(