

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90086 001 \*\*\*150.00

**DOCUMENT # F01000002630**

1. Entity Name  
**SUNRISE PARTNERS INC., OF NW FLORIDA**



Principal Place of Business  
**13025 3RD STREET  
LILLIAN AL 36549**

Mailing Address  
**541 TIMBER RIDGE DRIVE  
PENSACOLA FL 32534**



2. Principal Place of Business

**145 E. Burgess Rd.**

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**PENSACOLA FLA**

City & State

4. FEI Number **58-2566875**

Applied For

Not Applicable

Zip

**32503**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MYERS, LEONARD L  
6762 N. PALAFOX STREET  
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **Leonard L Myers**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **CD**  
NAME **HULSEY, WILLIAM**  
STREET ADDRESS **PO BOX 754**  
CITY-ST-ZIP **LILLIAN AL**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT**  
NAME **LEONARD L MYERS**  
STREET ADDRESS **145 E BURGESS RD**  
CITY-ST-ZIP **PENSACOLA FL 32503**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: **Leonard L Myers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-03**

Date

**850-857-1550**

Daytime Phone #

CR2E034 (10/02)