2000 UNIFORM BUSINESS REPORT (UBR)

Sep 08, 2000 8:00 am Secretary of State **DOCUMENT # K38419** 1. Entity Name SUNRISE RIGGING INTERNATIONAL, INC. 09-08-2000 90021 001 ***400.00 09-08-2000 90021 002 ***150.00 Mailing Address Principal Place of Business 38529 5TH AVE 38529 5TH AVE ZEPHRYHILLS FL 33540-4330 ZEPHRYHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2916841 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCALVANAH, THOMAS P. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 37818 HWY. 54 WEST ZEPHYRHILLS 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. - Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 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 12. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE POHJOLAINEN, HENRI NAME MAME STREET ADDRESS 38529 5TH AVE STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ~ 🔳 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 10 or Block 12 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Le Tromposition HENRI

POHJOLATNEN

7-17-2000

FILED

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