

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90173 035 ***150.00

12115M AV

DOCUMENT # L21695

1. Entity Name

SUNRISE STEEL ERECTORS, INC.

Principal Place of Business

**6910 S.E. 25TH WAY
BUSHNELL FL 33513
US**

Mailing Address

**P.O. BOX 835
BUSHNELL FL 33513**

2. Principal Place of Business

6910 S.E. 25TH WAY
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 835
Suite, Apt. #, etc.

City & State

Bushnell FL.

City & State

Bushnell FL.

Zip

33513

Country

Sumter

Zip

33513

Country

Sumter

4. FEI Number

59-2955430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUDECK, DANIEL L
6910 S.E. 25TH WAY
BUSHNELL FL 33513**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **DUDECK, DANIEL L JR.**
STREET ADDRESS **6738 S.E. 25TH WAY**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **P** ☐ Delete
NAME **DUDECK, DANIEL L**
STREET ADDRESS **6910 SE 25TH WAY**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)