FILED

2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # L58895 1. Entity Name 04-02-2002 90922 032 ***150.00 SUNRISE CONSTRUCTION, INC. Principal Place of Business Mailing Address % STEPHEN P CARPENTER % STEPHEN P CARPENTER 1527 N. DALE MABRY . #100 1527 N. DALE MABRY, STE. 100 **LUTZ FL 33549 LUTZ FL 33549** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3003257 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = CARPENTER, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) 3143 LAKE PADGETT DRIVE LAND O'LAKES FL 34639 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete CARPENTER, STEPHEN P. NAME NAME 3143 LAKE PADGETT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAND FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE VD NAME Carpenter, Stephen P NAME STREET ADDRESS STREET ADDRESS |3143 LAKE PADGETT DRIVE CITY-ST-ZIP CITY-ST-ZIP land o'land fl Change Addition TITLE: Detete NAME NAME CARPENTER, STEPHEN P STREET ADDRESS STREET ADDRESS 3143 LAKE PADGETT DRIVE CITY-ST-ZIP CITY-ST-ZIP LAND O'LAND FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 addition, with all other like empowered.

SIGNATURE

3-25-02 Date