2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2001 8:00 am Secretary of State **DOCUMENT # L98892** 1. Entity Name SUNRISE HOME SERVICES, INC. 02-19-2001 90037 040 ***150.00 Mailing Address Principal Place of Business 275 TONEY PENNA DR. 275 TONEY PENNA DR. STF 7 JUPITER FL 33458 JUPITER FL 33458 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc.. Applied For 4. FEI Number City & State City & State 65-0236961 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUNKLE, CRAIG B. JR Street Address (P.O. Box Number is Not Acceptable) 275 TONEY PENNA DR. STE 7 JUPITER FL 33458 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DPS TITLE Delete TITLE KUNKLE, CRAIG B. JR. NAME NAME STREET ADDRESS 275 TONEY PENNA DR STE 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change Addition ☐ Delete TITLE TITLE MILLER, LORACE H. NAME NAME 275 TONEY PENNA DR, STE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receichanged, or on an attachment

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR