

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91583 024 \*\*\*150.00

**DOCUMENT # P00000007685**  
**1. Entity Name**  
**SUNRISE PARTNERS, INC.**

**Principal Place of Business** **Mailing Address**  
**606 CASA PARK COURT C** **PO BOX 195547**  
**WINTER SPRINGS FL 32708-5415** **WINTER SPRINGS FL 32719-5547**

B0082077



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **3. Mailing Address**  
**318 WHITE OAK DRIVE** **318 WHITE OAK DRIVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
**ALTAMONTE SPRINGS, FL** **ALTAMONTE SPRINGS, FL**  
Zip Country Zip Country  
**32701** **SEMINOLE** **32701** **SEMINOLE**

**4. FEI Number** **59-3629348** **Applied For**  
☒ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HARBISON, PEGGY B**  
**606 CASA PARK COURT C**  
**WINTER SPRINGS FL 32708**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **318 WHITE OAK DRIVE** **FL** **Zip Code**  
**ALTAMONTE SPRINGS** **32701**

**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** *Peggy B. Harbison* **PEGGY B. HARBISON, PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>HARBISON, PEGGY</b>	<b>STREET ADDRESS</b>	<b>NAME</b>	<b>318 WHITE OAK DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>606 CASA PARK COURT C</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>ALTAMONTE SPRINGS, FL</b>	<b>32701</b>
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>HARBISON, PEGGY B.</b>	<b>STREET ADDRESS</b>	<b>NAME</b>	<b>318 WHITE OAK DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>606 CASA PARK COURT C</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>ALTAMONTE SPRINGS, FL</b>	<b>32701</b>
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		<b>STREET ADDRESS</b>	<b>NAME</b>		
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>		
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<b>NAME</b>		<b>STREET ADDRESS</b>	<b>NAME</b>		
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>		<b>STREET ADDRESS</b>	<b>NAME</b>		
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>		

**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:** *Peggy B. Harbison* **PEGGY B. HARBISON** **407 831-1364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**4/25/02**

CR2E034 (9/01)