

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91195 035 ***150.00

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DOCUMENT # P00000007685

1. Entity Name
SUNRISE PARTNERS, INC.



Principal Place of Business
**318 WHITE OAK DRIVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**318 WHITE OAK DRIVE
ALTAMONTE SPRINGS FL 32701**

20031816



2. Principal Place of Business
318 WHITE OAK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
318 WHITE OAK DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

4. FEI Number **59-3629348**

Applied For
Not Applicable

Zip Country
32701 USA

Zip Country
32701 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARBISON, PEGGY B
318 WHITE OAK DRIVE
ALTAMONTE SPRINGS FL 32701**

Name **NONE**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PEGGY B. HARBISON, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

Peggy B. Harbison **4/18/2003**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARBISON, PEGGY 318 WHITE OAK DRIVE ALTAMONTE SPRINGS FL 32701 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HARBISON, PEGGY B. 318 WHITE OAK DRIVE ALTAMONTE SPRINGS FL 32701 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PEGGY B. HARBISON, PRESIDENT** **4/18/03**

(407) 831-1364

CR2E034 (10/02)