

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) REINSTATEMENT

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03

DOCUMENT # P00000026000

1. Entity Name
SUNRIDER CORP.



03 NOV 13 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3505 SILVERSIDE RD..208H PLAZA CENTRE
WILMINGTON DE 19810

Mailing Address
3505 SILVERSIDE RD..208H PLAZA CENTRE
WILMINGTON DE 19810



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

c/o Company Express USA Ltd
83 Speen St., 2nd Floor
Natick, MA 01760-4168

☐ CHECK HERE IF MAKING CHANGES

FEI Number NOT APPLICABLE

Applied For
Not Applicable

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

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Company Express (Delaware) Ltd., INC.
Street Address (P.O. Box Number is Not Acceptable)
1195 Lynridge Lane NE
City Palm Bay FL Zip Code 32907

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/11/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D
NAME VADIM, KIM
STREET ADDRESS 83 Speen St., 2nd Floor
CITY-ST-ZIP Natick, MA 01760-4168

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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: [Signature] SIGNATURE REQUIRED

10/30/03

508-647-1051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)