

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90069 026 \*\*\*150.00

**DOCUMENT # P00000054250**

1. Entity Name  
**SUNRISE GARDENS, INC.**



Principal Place of Business  
**3411 POWERLINE ROAD  
SUITE 701  
FORT LAUDERDALE FL 33309**

Mailing Address  
**3411 POWERLINE ROAD  
SUITE 701  
FORT LAUDERDALE FL 33309**

10011064



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2787 East Oakland Park Blvd.**

3. Mailing Address  
**2787 East Oakland Park Blvd.**

Suite, Apt. #, etc.  
**Suite 202**

Suite, Apt. #, etc.  
**Suite 202**

City & State  
**Fort Lauderdale, Florida**

City & State  
**Fort Lauderdale, Florida**

Zip Country  
**33306 USA**

Zip Country  
**33306 USA**

4. FEI Number **65-1016316**

Applied For  
Not Applicable

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

**TEPPS, JEROME L  
3411 POWERLINE ROAD  
SUITE 701  
FORT LAUDERDALE FL 33309**

Name  
**Jerome L. Teppes**  
Street Address (P.O. Box Number is Not Acceptable)  
**2787 East Oakland Park Blvd., Suite 202**  
City **Fort Lauderdale** **FL** Zip Code **33306**

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

(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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TEPPS, JEROME L 3411 POWERLINE ROAD, SUITE 701 FORT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jerome L. Teppes 2787 East Oakland Park Blvd., #202 Fort Lauderdale, Florida 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)