

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000113781**

1. Entity Name

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90105 047 \*\*\*150.00

*Sunrise Stucco Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1706 N. 2nd St.*

Suite, Apt. #, etc.

3. Mailing Address

*Sunrise Stucco Inc.*

Suite, Apt. #, etc.

*P.O. Box 2182*

DO NOT WRITE IN THIS SPACE

City & State

*DFS, FL*

City & State

*Santa Rosa Beach FL*

4. FEI Number

*593688458*

Applied For

Not Applicable

Zip

*32433*

Country

*Walton*

Zip

*32459*

Country

*Walton*

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

*David R Johnson*

Street Address (P.O. Box Number is Not Acceptable)

*1265 Hwy 331 South*

*DeFuniak Spas*

City

**FL**

Zip Code

*32433*

**DO NOT WRITE IN THIS SPACE**

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

*Michael Nelson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>Michael Nelson</i>
STREET ADDRESS	<i>1706 N 2nd St.</i>
CITY-ST-ZIP	<i>DFS, FL 32433</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Nelson*