

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90043 045 \*\*\*150.00

DOCUMENT # **P00000113781**

1. Entity Name

**SUNRISE STUCCO, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1700 N 1st ST.**

Suite, Apt. #, etc.

3. Mailing Address

**SUNRISE STUCCO INC.**

Suite, Apt. #, etc.

**PO BOX 2182**

DO NOT WRITE IN THIS SPACE

City & State

**DEFUNIAK SPRINGS, FL**

Zip  
**32433**

Country

**WALTON**

City & State

**SANTA ROSA BCH, FL**

Zip

**32549**

Country

**WALTON**

4. FEI Number

**593688450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Michael Nelson**

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

**1700 N 1st ST.**

City

**DEFUNIAK SPRINGS**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael Nelson*

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

(NOTE: Registered Agent signature required when reinstating)

**Apr 1-28-2003**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Nelson, Michael 1700 N 1st ST. DEFUNIAK SPRINGS, FL 32433</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Michael Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 1-28-2003 (8:50) 55**

Date

Daytime Phone #

**1590**

CR2E034B (12/02)