

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

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90055 010 ***150.00

DOCUMENT # P01000006257
1. Entity Name Sunrise Home Inspections, Inc. ✓

DO NOT WRITE IN THIS SPACE

80001917

2. Principal Place of Business 1679 Serenity Lane
Suite, Apt. #, etc.
3. Mailing Address 1679 Serenity Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Sanibel, FL</u>	City & State <u>Sanibel, FL</u>	4. FEI Number <u>65-10 66579</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33957</u>	Country <u>USA</u>	Zip <u>33957</u>	Country <u>USA</u>

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

7. Name and Address of Current Registered Agent

Name Linda R. Robison
Street Address (P.O. Box Number is Not Acceptable)
6450 Pine Ave.
City Sanibel FL Zip Code 33957

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Joseph H. Letourneau</u> <u>1679 Serenity Lane</u> <u>Sanibel, FL 33957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP, T, S</u> <u>Darla J. Letourneau</u> <u>1679 Serenity Lane</u> <u>Sanibel, FL 33957</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: Darla J. Letourneau 1/2/02 941-472-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #