2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

SANIBEL FL 33957

3. Mailing Address

City & State

Suite, Apt. #, etc.

1679 SERENITY LANE

P01000006257 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1679 SERENITY LANE

SANIBEL FL 33957

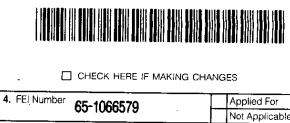
SUNRISE HOME INSPECTIONS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90708 026 ***150.00

20006175



					00 100001		Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent				
robison, Lin	IDA R		· ·	Name · · · ·				
6450 PINE AVE				Street Address (P.O. Box Number is Not Acceptable)				
SANIBEL FL 3	3957							
				City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	
The above name the obligations	ed entity submits this stateme of registered agent.	ent for the purpose of chan	ging its registere	ed office or registere	ed agent, or both, in the State of F	lorida. 1 am	familiar with, and accept	
NATURE	ture, typed or printed name of registered	growt and title if a situation	4.0					
	and the difference of the glatered of	egon and the napplicable.	(NOTE: Registered	d Agent signature required	when reinstating)	DATE		

SIG 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 DIRECTOR	-	I			
	T'	-	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P LETOURNEAU, JOSEPH H 1679 SERENITY LANE SANIBEL FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS LETOURNEAU, DARLA 1679 SERENITY LANE SANIBEL FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	

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

-Darla Jo Letourpean