FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90211 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027061

1. Entity Name
Sunrise Janitorial Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 Gary Dr	1100 Gary Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
St Cloud Fl	St Cloud Fl
Zip: 34772 Country: Osceola	Zip: 34772 Country: Osceola

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3704060 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lisa Davis

Street Address (P.O. Box Number is Not Acceptable): 1100 Gary Dr

City: St Cloud FL Zip Code: 34772

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: Lisa Davis 5/8/03
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	President
NAME	Lisa Davis
STREET ADDRESS	1100 Gary Dr
CITY-ST-ZIP	St Cloud, Fl 34772
TITLE	Vice-President
NAME	Richard A. Davis, Sr.
STREET ADDRESS	1100 Gary Dr
CITY-ST-ZIP	St Cloud Fl 34772
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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: Lisa Davis 5/8/03 (407)891-0894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #