

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90219 047 ***150.00

DOCUMENT # **P01000035274**

1. Entity Name

MADEIRA SUNRISE DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3637 4 ST N, STE 230

3. Mailing Address

PO BOX 22782

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. PETERSBURG

City & State

ST. PETERSBURG FL

City & State

FL

Zip

33704

Country

USA

Zip

33742

Country

USA

4. FEI Number

48-1273195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Kelley, James R.

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

4940 DEWEER ROSE ST

City

TAMPA

FL

Zip Code

33624

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PRIVILEGED**
NAME **EVELINA V. VASSILEV**
STREET ADDRESS **PO BOX 22782**
CITY-ST-ZIP **ST. PETERSBURG, FL 33742**

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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:

Evelina V. Vassilev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 3 '03 (727) 481-9616

Date

Daytime Phone #

CR2E034B (12/02)