

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 014 ***150.00

DOCUMENT # *P010000 37857*

1. Entity Name *Sunrizen, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1222 N. Semoran Blvd* 3. Mailing Address *3750 Fox Hollow Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3709774

Applied For

Not Applicable

Zip

32807

Country

U.S.A

Zip

32829

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Steve Long

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

3750 Fox Hollow Drive

City

Orlando

FL

Zip Code

32829

**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

Steve Long

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

(NOTE: Registered Agent Signature required when reinstating)

4/10/02

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, Secretary & Treasurer*
NAME *David Long*
STREET ADDRESS *2020 Artesia Blvd #6*
CITY-ST-ZIP *Redondo Beach CA. 90278*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L Long - Pres.

DATE

4/10/02

DAYTIME PHONE #

(310) 376-7601

Bus. - (407) 207-4045

CR2E034B (12/01)