

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

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90120 004 \*\*\*150.00

DOCUMENT # **P 010000 43125**

1. Entity Name

**SUNRISE PROPERTIES OF THE KEYS, INC**

**976895**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1643 SUNRISE DR**

3. Mailing Address

**165 BALBOA ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BIB PINE KEY FL**

City & State

**SAN MARCOS CA**

Zip

**33043**

Country

Zip

**92096**

Country

4. FEI Number

**65-1101663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**THOMAS D. WRIGHT**

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

**9711 OVERSEAS HWY STE 5**

City

**MARATHON**

**FL**

Zip Code

**33050**

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS SHUNNARD, DAWN 1643 SUNRISE DR BIB PINE KEY FL 33043</b>
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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

**Dennis M. Cosby CMA AGENT for Corp. 8/23/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TO: FLORIDA DEPT. OF STATE

*Attachment*  
FROM: DENNIS M. BISHOP, C. P. A., P. A.  
Certified Public Accountants  
POST OFFICE BOX 907  
MARATHON, FLORIDA 33050  
Phone: (305) 743-6586 976895

**MESSAGE**

SUBJECT

Re: Sunrise Industries DO1000043125

DATE

8/23/02

FOLD

As requested, we are enclosing a new VBR  
Since the original was in a file at the Post  
Office. Please process ASAP. We are enclosing  
a new check since that also was damaged.

Very truly yours

SIGNED

*Dennis Bishop*