

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90305 034 ***150.00

0122509 AT

DOCUMENT # P02000059019

1. Entity Name
SUNRISE IMAGINATIONS, INC.



Principal Place of Business
1522 LANDING LN
NEPTUNE BCH FL 32266

Mailing Address
1522 LANDING LN
NEPTUNE BCH FL 32266



2. Principal Place of Business
1089 ATLANTIC BLVD

3. Mailing Address
1089 ATLANTIC BLVD

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.
SUITE 1

City & State
ATLANTIC BEACH FL

City & State
ATLANTIC BEACH FL

Zip
32233

Country
DUVAL

Zip
32233

Country
DUVAL

4. FEI Number
45-0479371

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MANCINO, CHRIS
412 NE 4 ST
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name LAURENCE HALPERN
Street Address (P.O. Box Number is Not Acceptable) 1522 LANDING LANE
City NEPTUNE BEACH **FL** **Zip Code** 32266

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

Laurence Halpern President 7-3-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, LARRY 1522 LANDING LN NEPTUNE BCH FL 32266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURENCE HALPERN 1522 LANDING LANE NEPTUNE BEACH FL 32266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

Laurence Halpern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-03

Date

904-241-4443

Daytime Phone #

CR2E034 (4/03)