

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90151 012 \*\*\*150.00

0603547 AV

**DOCUMENT # P02000109810**

1. Entity Name  
**SUNRISE PROPERTY CONSULTANTS, INC.**



Principal Place of Business  
**2602 SE OPAL CIRCLE  
PORT ST. LUCIE FL 34952**

Mailing Address  
**2602 SE OPAL CIRCLE  
PORT ST. LUCIE FL 34952**

2. Principal Place of Business  
**3401 SE Court Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**3401 SE Court Drive**  
Suite, Apt. #, etc.

City & State  
**Stuart Florida**

City & State  
**Stuart Florida**

Zip  
**34997**

Country  
**USA**

Zip  
**34997**

Country  
**USA**

4. FEI Number  
**82-0568151**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**WHITTYMORE, DALE  
2602 SE OPAL CIRCLE  
PORT ST. LUCIE FL 34952**

## 7. Name and Address of New Registered Agent

Name **Colin Tyrrell**  
Street Address (P.O. Box Number is Not Acceptable)  
**3401 SE Court Drive**  
City **Stuart** FL **34997**

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 **Colin Tyrrell** **Colin Tyrrell, Treasurer** **4/27/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President Dale Whittymore 2602 SE Opal Circle Port St Lucie, FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer/Secretary Colin Tyrrell 3401 SE. Court Drive Stuart, FL 34997</b>	<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	<b>President Dale Whittymore 2602 SE Opal Circle Port St Lucie FL 34952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer/Secretary Colin Tyrrell 3401 SE. Court Drive Stuart FL 34997</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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, 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 all other like empowered.

SIGNATURE: **Colin Tyrrell** **4/27/03** **772 260 1317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)