

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39742

1. Entity Name

SUNRISE ATRIUM, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90094 037 \*\*\*150.00

Principal Place of Business

Mailing Address

9401 LEE HIGHWAY, SUITE 300  
FAIRFAX VA 22031

9401 LEE HIGHWAY, SUITE 300  
FAIRFAX VA 22031-1803

2. Principal Place of Business

7902 Westpark Drive

Suite, Apt. #, etc.

3. Mailing Address

7902 Westpark Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
McLean, VA

City & State  
McLean, VA

4. FEI Number 54-1632380

Applied For  
Not Applicable

Zip  
22102

Country  
USA

Zip  
22102

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KLAASSEN, PAUL J.  
STREET ADDRESS 9401 LEE HIGHWAY, #300  
CITY-ST-ZIP FAIRFAX VA ☐ Delete

TITLE P/D  
NAME Klaassen, Paul J.  
STREET ADDRESS 7902 Westpark Drive  
CITY-ST-ZIP McLean, VA 22102 ☒ Change ☐ Addition

TITLE VPD  
NAME KLAASSEN, TERESA M  
STREET ADDRESS 9401 LEE HIGHWAY, #300  
CITY-ST-ZIP FAIRFAX VA ☐ Delete

TITLE V/P/D  
NAME Klaassen, Teresa M  
STREET ADDRESS 7902 Westpark Drive  
CITY-ST-ZIP McLean, VA 22102 ☒ Change ☐ Addition

TITLE S  
NAME KLAASSEN, TERESA M  
STREET ADDRESS 9401 LEE HIGHWAY, #300  
CITY-ST-ZIP FAIRFAX VA ☐ Delete

TITLE S  
NAME Klaassen, Teresa M  
STREET ADDRESS 7902 Westpark Drive  
CITY-ST-ZIP McLean, VA 22102 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Paul J. Klaassen, Dir/Pres

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(703) 273-7500

Daytime Phone #

CR2E034 (9/99)