

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90285 010 ***158.75

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DOCUMENT # P93000025690

1. Entity Name

SUNRISE DEVELOPMENT CORPORATION

Principal Place of Business

**180 QUEENS COURT
 SATELLITE BEACH FL 32937
 US**

Mailing Address

**180 QUEENS COURT
 SATELLITE BEACH FL 32937
 US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

504 S. MIRAMAR

3. Mailing Address

504 S. MIRAMAR AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIALANTIC

City & State

INDIALANTIC

4. FEI Number

65-0402705

Applied For

Not Applicable

Zip

32903

Country

BREVARD

Zip

32903

Country

BREVARD

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARMSTRONG, DAVID B
 180 QUEENS COURT
 SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name **ARMSTRONG DAVID BRUCE**

Street Address (P.O. Box Number is Not Acceptable)
504 S. MIRAMAR AVE

City **INDIALANTIC**

FL

Zip Code **32903**

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.

N/A

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **X**
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE **PS** ☐ Delete
 NAME **ARMSTRONG DAVID B**
 STREET ADDRESS **180 QUEENS COURT**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Change ☐ Addition
 NAME **ARMSTRONG DAVID BRUCE**
 STREET ADDRESS **504 S. MIRAMAR AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David Bruce Armstrong** **3/28/01** **321-728-4840**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)