2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90033 004 ***150.00

DOCUMENT # P93000025690

1. Entity Name
SUNRISE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
504 S MIRAMAR AVENUE INDIALANTIC FL 32903 US	504 S MIRAMAR AVENUE INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
115 TENTH AVE Suite, Apt. #, etc.	115 TENTH AVE Suite, Apt. #, etc.
City & State: INDIALANTIC FL	City & State: INDIALANTIC FL
Zip: 32903 Country: BREVARD	Zip: 32903 Country: BREVARD

4. FEI Number 65-0402705 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, DAVID B
504 S MIRAMAR AVENUE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name: ARMSTRONG DAVID B
Street Address (P.O. Box Number is Not Acceptable): 115 TENTH 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.

SIGNATURE: David B Armstrong and DAVID B ARMSTRONG 4/02/02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ARMSTRONG, DAVID B 504 S MIRAMAR AVENUE INDIALANTIC FL 32903	☐ Delete	PS ARMSTRONG DAVID B 115 TENTH AVE INDIALANTIC FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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

SIGNATURE: SIGNATURE REQUIRED David B. Armstrong 4/2/02 321 403 8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #