

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90087 036 \*\*\*150.00

**DOCUMENT # P94000063000**

1. Entity Name

**SUNRISE PREPRESS, INC.**

Principal Place of Business

**327 OFFICE PLAZA DRIVE  
SUITE 109  
TALLAHASSEE FL 32301  
US**

Mailing Address

**3369 TANSEY CT  
TALLAHASSEE FL 32308  
US**

2. Principal Place of Business

**10537 S. Valentine Rd.**

3. Mailing Address

**10537 S. Valentine Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32311**

Country

**USA**

Zip

**32311**

Country

**USA**

4. FEI Number

**59-3256317**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CREWS, SHARON L  
3369 TANSEY CT  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name  
**Sharon L. Crews**

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

**10537 S. Valentine Rd.**

City  
**Tallahassee**

**FL**

Zip Code  
**32311**

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 **Sharon L. Crews**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-6-01**

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, 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 **V** ☐ Delete  
NAME **ALLEWELT, JOAN L.**  
STREET ADDRESS **10601 VALENTINE RD N**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **PST** ☐ Delete  
NAME **CREWS, SHARON L**  
STREET ADDRESS **3369 TANSEY CT**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PST** ☐ Change ☐ Addition  
NAME **Sharon L. Crews**  
STREET ADDRESS **10537 S. Valentine Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32311**

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

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

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

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: **Sharon L. Crews President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-6-01 850-219-9902**

CR2E034 (10/00)