

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2001 90087 036 ***150.00

0460644

DOCUMENT # P94000063000

1. Entity Name
SUNRISE PREPRESS, INC.

Principal Place of Business Mailing Address
327 OFFICE PLAZA DRIVE **3369 TANSEY CT**
SUITE 109 **TALLAHASSEE FL 32308**
TALLAHASSEE FL 32301 **US**
US

818315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10537 S. Valentine Rd. **10537 S. Valentine Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, FL **Tallahassee, FL**

4. FEI Number Applied For
59-3256317 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32311 **USA** **32311** **USA**

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 State Zip Code
Tallahassee **FL** **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 DATE 1-6-01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEWELT, JOAN L. 10601 VALENTINE RD N TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CREWS, SHARON L 3369 TANSEY CT TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Sharon L. Crews 10537 S. Valentine Rd. Tallahassee, FL 32311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Date 1-6-01 Daytime Phone # 850-219-9902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)