2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000073864** SUNRISE STABLE SUPPLY, INC. Principal Place of Business Mailing Address 9700 SW KANNER HWY POST OFFICE BOX 1858 INDIANTOWN FL 34956 INDIANTOWN FL 34956 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Délete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

Country

WOOD, SHARON E

1841 SW LOCKS RD STUART FL 34997

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WOOD, SHARON

9700 SW KANNER HWY

INDIANTOWN FL 34956

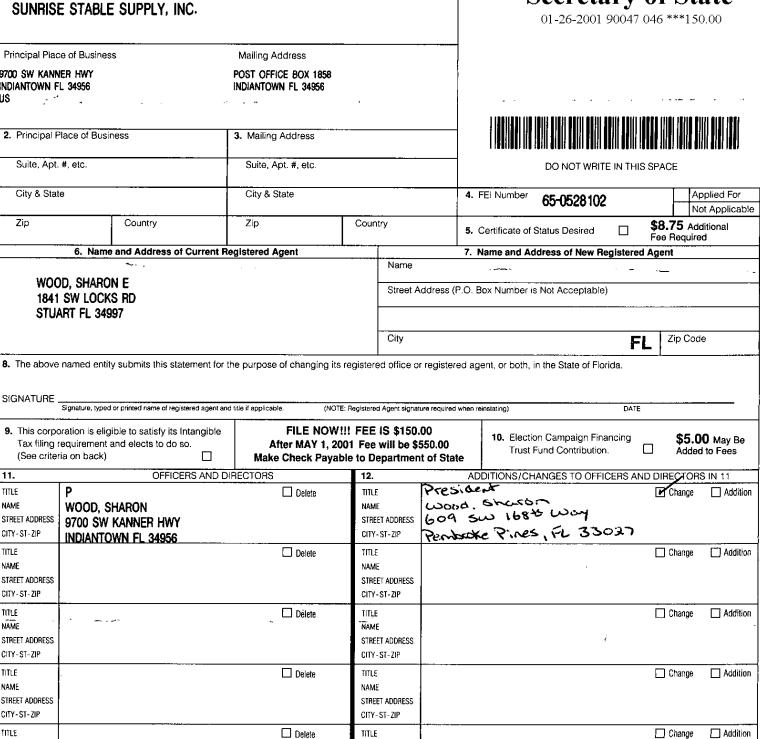
(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

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



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.

SI	G	N	Δ.	TI	ı	R	F	
J	u	14	~			п	ᆫ	

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon U

☐ Change

☐ Addition