

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

0562817 AV

**DOCUMENT # P94000073864**

1. Entity Name  
**SUNRISE STABLE SUPPLY, INC.**

01-23-2002 90063 004 \*\*\*150.00

Principal Place of Business  
**9700 SW KANNER HWY**  
**INDIANTOWN FL 34956**  
**US**

Mailing Address  
**POST OFFICE BOX 1858**  
**INDIANTOWN FL 34956**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**609 SW 168th Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pembroke Pines FL**

4. FEI Number

**65-0528102**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33027**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, SHARON E**  
**1841 SW LOCKS RD**  
**STUART FL 34997**

Name

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

**609 SW 168th Way**

City

**Pembroke Pines**

**FL**

Zip Code

**33027**

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

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 ☐ Delete  
 NAME **P WOOD, SHARON**  
 STREET ADDRESS **609 SW 168TH WAY**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☒ Change ☐ Addition  
 NAME **P Wood, Sharon**  
 STREET ADDRESS **609 SW 168th Way**  
 CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**Sharon Wood**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 11<sup>th</sup> 2002**  
 Date

**954-632-2317**  
 Daytime Phone #

CR2E034 (9/01)