

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90120 023 ***150.00

DOCUMENT # P94000073864

1. Entity Name
SUNRISE STABLE SUPPLY, INC.



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

Mailing Address
**609 SW 168TH WAY
PEMBROKE PINES FL 33027
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0528102**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
609 SW 168TH WAY
PEMBROKE PINES FL 33027**

Name **Castro, Sharon E**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sharon E. Castro Sharon E. Castro 1-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon E. Castro **REQUIRED** 1-7-03 954-632-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)