

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046772

1. Entity Name

STATIONER ON SUNRISE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90123 025 ***150.00

Principal Place of Business

247 SUNRISE AVE.
PALM BEACH FL 33480
US

Mailing Address

247 SUNRISE AVE.
PALM BEACH FL 33480-3812
US

2. Principal Place of Business

247 SUNRISE AVE

Suite, Apt. #, etc.

3. Mailing Address

247 SUNRISE AVE

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

65-0667565

Applied For

☒ Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

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

BLANCHARD, DARLENE C
247 SUNRISE AVE.
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

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, 2000 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	PS	<input type="checkbox"/> Delete
NAME	BLANCHARD, DARLENE C	
STREET ADDRESS	247 SUNRISE AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLANCHARD, JACK M	
STREET ADDRESS	D247 SUNRISE AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

561 833-7971

Daytime Phone #

CR2E034 (9/99)