

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P96000046772*

1. Entity Name

STATIONER ON SUNRISE, INC.
247 SUNRISE AVENUE
PALM BEACH, FL 33480



FILED
03 JUL 10 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

247 SUNRISE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

4. FEI Number

65-0667565

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BLANCHARD, DARLENE C

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

247 SUNRISE AVENUE

City

PALM BEACH

FL

Zip Code

33480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *PS*
NAME *BLANCHARD, DARLENE C.*
STREET ADDRESS *247 SUNRISE AVENUE*
CITY-ST-ZIP *PALM BEACH, FL 33480*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800021765298
*07/24/03--01058--013 **150.00*

TITLE *P*
NAME *BLANCHARD, JACK M.*
STREET ADDRESS *247 SUNRISE AVENUE*
CITY-ST-ZIP *PALM BEACH, FL 33480*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Darlene C. Blanchard *DARLENE C. BLANCHARD* *07/07/03* *561-833-7971*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Stationer on Sunrise
247 Sunrise Avenue
Palm Beach, Florida 33480
Telephone/Fax: 561 833.7971

Marquitta Williams
Document Specialist
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Letter Number 503A00036799, copy enclosed
Dear Ms. Williams:

Thank you for your letter of June 13.

Enclosed is the completed form you forwarded to us which replaced original form which we did not receive.

Also enclosed, check in the amount of \$150.00.

Thank you.

Darlene C. Blanchard
FEI #0667565

July 7, 2003