

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054095

1. Entity Name

SUNRISE BUSINESS SERVICES, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90177 017 \*\*\*158.75

Principal Place of Business

Mailing Address

226 SHADY OAK CIRCLE  
#204  
LAKE MARY FL 32746  
US

226 SHADY OAK CIRCLE  
LAKE MARY FL 32746-3684  
US

2. Principal Place of Business

3. Mailing Address

226 Shady Oaks Cir.  
Suite, Apt. #, etc.

226 Shady Oaks Cir.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
LAKE MARY FL

City & State  
LAKE MARY FL

4. FEI Number 59-3387273

Applied For  
Not Applicable

Zip 32746 Country US

Zip 32746 Country US

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

TANZER, BARBARA A  
226 SHADY OAK CIRCLE  
LAKE MARY FL 32746

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST TANZER, BARBARA A 226 SHADY OAK CIRCLE LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Barbara A. Tanzer President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/00

Date

407.687.3079

Daytime Phone #

CR2E034 (9/99)