

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90259 039 ***150.00

DOCUMENT # P97000103941

1. Entity Name

SUN RISE CONSOLIDATED VENTURES, INC.

Principal Place of Business

~~400 N TAMPA STREET~~
~~SUITE 110~~
~~TAMPA FL 33602~~

Mailing Address

~~400 N TAMPA STREET~~
~~SUITE 110~~
~~TAMPA FL 33602~~

2. Principal Place of Business

13128 N Dale Mabry Hwy
 Suite, Apt. #, etc.

3. Mailing Address

13128 N Dale Mabry Hwy
 Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3480801

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCARPO, ANTHONY L
~~400 N TAMPA STREET~~
~~SUITE 110~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name

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

13128 N Dale Mabry Hwy

City

Tampa

FL

Zip Code

33618

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

TITLE **PVD**
 NAME **SCARPO, ANTHONY L**
 STREET ADDRESS **400 N TAMPA STREET STE 110**
 CITY-ST-ZIP **TAMPA FL 33602** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **13128 N Dale Mabry Hwy**
 STREET ADDRESS **Tampa, FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

813-226-3200

Date

Daytime Phone #

CR2E034 (9/01)