FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 12, 2001 8:00 am DOCUMENT # **P98000050477 Secretary of State** SUNRISE ARTISTIC GLASS OF BOCA INC. 03-12-2001 90419 005 ***150.00 Principal Place of Business Mailing Address 4600 BOCA RATON BLVD 4600 BOCA RATON BLVD BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-8040564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jarvis Baymond HILDEBRANT, DUANE K Street Address (P.O. Box Number is Not Acceptable) 4600 BOCA RATON BLVD **BOCA RATON FL 33431** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE CE0 Delete TITLE Jaruis, Raymond NAME HILDEBRANT, DUANE 799 Doren Street STREET ADDRESS STREET ADDRESS 4600 BOCA RATON BLVD Born Raton F1 33431 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 ☐ Addition Change TITLE TITLE JARVIS, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 799 DOVER ST CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE TITLE ☐ Delete - 🔄 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICE