

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000066699**

1. Entity Name

**SUNRISE PLAZA, INC.****FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90066 040 \*\*\*150.00

Principal Place of Business

Mailing Address

2901 ORANGE AVE  
FORT PIERCE FL 34947  
USP.O. BOX 2394  
FT PIERCE FL 34954-2394  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0854555**Applied For  
Not Applicable5. 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

MACWILLIAM, KEVIN PA  
2345 14TH AVENUE  
STE 3  
VERO BEACH FL 32960Name **Michael A. Guidebeck**Street Address (P.O. Box Number is Not Acceptable)  
**5111 Paleo Pines Circle**City **Ft. Pierce** **FL** Zip Code **34951**

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

**Michael A. Guidebeck****President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-00**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

TITLE **PD** ☐ Delete  
NAME **GUIDEBECK, MICHAEL A**  
STREET ADDRESS **2906 ORANGE AVENUE**  
CITY-ST-ZIP **FORT PIERCE FL 34954**TITLE **STD** ☐ Delete  
NAME **GUIDEBECK, JUDY S**  
STREET ADDRESS **5111 PALEO PINES CIRCLE**  
CITY-ST-ZIP **FORT PIERCE FL 34951**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
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:

**Judy S. Guidebeck**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-2000**

Date

**561-465-4607**

Daytime Phone #