

DOCUMENT # **P98000084896**

1. Entity Name

WEST SUNRISE DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

6289 W. SUNRISE BLVD. #114
SUNRISE, FL 333136289 W. SUNRISE BLVD. #114
SUNRISE, FL 33313

FILED

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SECRETARY OF STATE
OFFICE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851614

Applied For

Not Applicable

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

Name

IAN GARDNER

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

6289 W. Sunrise Blvd #114

City

SUNRISE

FL

Zip Code

33313

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

4/17/01

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, 2001 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	DELETE
P.S.D.	William P. Rogers	2900 E. Oakland Pk Blvd	FT. LAUDERDALE, FL 33306	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President / Secretary / Director	PAUL E. TAYLOR	6289 W. Sunrise Blvd #114	SUNRISE, FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION

CR2E034 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

4/17/01 954-581-9659