

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000084896**

1. Entity Name

**WEST SUNRISE DEVELOPMENT CORP.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GARDNER, IAN  
6289 W. SUNRISE BLVD., #114  
SUNRISE FL 33313**

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD.** ☐ Delete  
NAME **TAYLOR, PAUL E.**  
STREET ADDRESS **6289 W. SUNRISE BLVD., #114**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **CEO/Director** ☐ Change ☒ Addition  
NAME **IAN GARDNER**  
STREET ADDRESS **6289 W. Sunrise BL. #114**  
CITY-ST-ZIP **Sunrise FL 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **600005820436--7**  
STREET ADDRESS **-06/18/02--01075--012**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

**By Ian Gardner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 JUN 12 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

*[Handwritten signature]*

4. FEI Number

**65-0851614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/01)

June 6, 2002

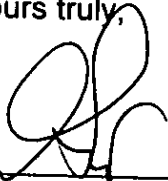
TO: Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

ATTN: UBR

To Whom It May Concern:

Please excuse my delay in forwarding these returns. The excusable neglect was due to a change in bookkeepers and only today did we realize that the previous bookkeeper did not forward the returns as required. We only realized this after going through the desk, as we did not receive any follow-up notices. Please accept my apologies and my seven (7) filings.

Thanking you,  
Yours truly,



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Ian Gardner  
6289 W. Sunrise Blvd. Suite 114  
Sunrise, FL 33313  
(954) 581-9659