

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095690

1. Entity Name

HOME DYNAMICS SUNRISE CORPORATION

Principal Place of Business

7145 CRESCENT CREEK WAY
COCONUT CREEK FL 33073

Mailing Address

7145 CRESCENT CREEK WAY
COCONUT CREEK FL 33073-3149

2. Principal Place of Business

7103 Crescent Creek Ln

Suite, Apt. #, etc.

3. Mailing Address

7103 Crescent Creek Ln

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek, FL

Zip

Country

33073

Zip

Country

33073

4. FEI Number

65-0875033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHACK, EDWARD J
STE. 210, 7695 SW 104 STREET
PINECREST FL 33156

7. Name and Address of New Registered Agent

Name

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

ED SCHACK
7954 PINES BLVD
PEMBROKE PINES, FL 33024

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, 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	D	<input type="checkbox"/> Delete
NAME	SCHACK, DAVID	
STREET ADDRESS	7145 CRESCENT CREEK WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7103 Crescent Creek Ln	
STREET ADDRESS	coconut creek, FL 33073	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.3.00

Date

954-421-5700

Daytime Phone #

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90028 002 ***150.00



DO NOT WRITE IN THIS SPACE