

# 2001 UNIFORM BUSINESS REPORT (UBR)

P8192

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 10 PM 1:00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000026960

1. Entity Name  
SUNRISE BORDERS, INC.

Principal Place of Business  
251 PLAZA DR.,STE.B  
OVIEDO FL 32765

Mailing Address  
251 PLAZA DR.,STE.B  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3565280

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ABRAMS, LEHN E  
801 N. MAGNOLIA AVENUE  
SUITE 201  
ORLANDO FL 32803

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
DPST  
GRIDER, SANDRA L  
251 PLAZA DR.,STE.B  
OVIEDO FL 32765 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400004549254--9  
-08/22/01--01076--022  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition  
SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-7-01 407-977-8947

CR2E034 (5/01)

*Attachment PG 2 of 2*

Sandra L. Grider  
448 West Palm Valley Drive  
Oviedo, Florida 32765

August 6, 2001

Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: Sunrise Borders, Inc. -- Document Number P99000026960

Dear Sir or Madam:

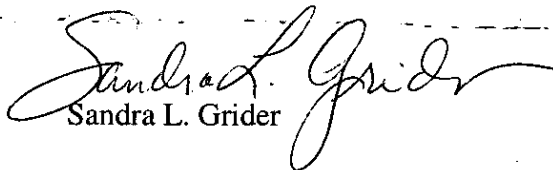
Enclosed please find check # 528 in the amount of \$150.00 along with the 2001 Uniform Business Report for Sunrise Borders, Inc.

I am in hopes that you will accept this payment. My husband very unexpectedly passed away last year and in trying to settle the estate, which is still not settled, I thought that this had been taken care of by someone with the company.

I do appreciate your consideration in this matter.

Thank you.

Sincerely,

  
Sandra L. Grider

Enclosures