2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030709

1. Entity Name

SUNRISE CONSTRUCTION OF THE KEYS INC.

C0035496

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10704 4TH AVE MARATHON FL 33050	10704 4TH AVE MARATHON FL 33050

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 65-0909695 □ Applied For □ Not Applicable

5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS, DAVID V
10704 4TH AVE
MARATHON FL 33050

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 _David V. Mullins_ DAVID V. MULLINS 2/14/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES
TITLE	D	□ Delete	TITLE	VICE-PRESIDENT
NAME	MULLINS, DAVID V		NAME	Hugo Hosek
STREET ADDRESS	594 28TH ST		STREET ADDRESS	29668 Enterprise Ave
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP	Big Pine Key, FL 33043	□ Change ☑ Addition
TITLE	D	□ Delete	TITLE	TREASURER
NAME	GREENOP, BRUCE		NAME	Vernon Jobe
STREET ADDRESS	540 90TH ST		STREET ADDRESS	35 Sombrero Blvd.
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP	Marathon, FL 33050	□ Change ☑ Addition
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		□ Delete	TITLE		□ Change □ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: _David V. Mullins_ DAVID V. MULLINS 2/14/00 305-289-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #