

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044119

1. Entity Name
SUNRISE FLORIST, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90013 021 ***558.75

Principal Place of Business

9943 NW 2ND COURT
PLANTATION FL 33324

Mailing Address

9943 NW 2ND COURT
PLANTATION FL 33324

2. Principal Place of Business

3417 Hiatus Rd
Suite, Apt. #, etc.

3. Mailing Address

3417 Hiatus Rd
Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33051

Country

U.S.A.

Zip

33351

Country

USA

4. FEI Number

650921402

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEWARD, WILLIAM R
9943 NW 2ND COURT
PLANTATION FL 33324

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

William Seward

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-6-00

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 13, 2000 Min. 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

TITLE: President
NAME: WILLIAM R SEWARD
STREET ADDRESS: 9943 NW 2nd Ct
CITY-ST-ZIP: Plantation FL 33324

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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:

WILLIAM R SEWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00 954-578-0026

Date

Daytime Phone #

CR2E034 (5/00)