

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-03-2003 90318 014 ***150.00

2/3

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000053173

1. Entity Name

SUNRISE VENTURES OF PENSACOLA, INC.



Principal Place of Business
216 EAST GOV. ST.
PENSACOLA FL 32501

Mailing Address
216 EAST GOV. ST.
PENSACOLA FL 32501

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

APPLIED FOR

Applied For

Not Applicable

65-0965742

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

M. H. E. MERSON

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

216 E. GOVERNMENT ST.

City

PENSACOLA

FL

Zip Code

32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. H. E. Merson

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

(NOTE: Registered Agent signature required when reinstating)

1/28/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GORDON, GREG
STREET ADDRESS 1577 BULERRAR MANOR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE O ☐ Delete
NAME EMERSON, BUCK
STREET ADDRESS 917 GANDOLIER BLVD.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE O ☒ Delete
NAME DEPEW, ROBERT
STREET ADDRESS 2573 MARY FOX DR
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 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)

1/28/03

Date

850-916-9100

Daytime Phone #

CR2E034 (10/02)