

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90255 004 \*\*\*158.75

**DOCUMENT # P99000054410**

1. Entity Name  
**SUNRISE TOURS AND CRUISES, INC.**

Principal Place of Business  
**1920 CENTRAL FLORIDA PARKWAY  
 ORLANDO FL 32837**

Mailing Address  
**1920 CENTRAL FLORIDA PARKWAY  
 ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3582754**

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

**SCHMIDT, IRENE  
 310 COUNTRY BLVD  
 KISSIMMEE FL 34741**

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 \$150.00  
 After May 1, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, IRENE</b>	
STREET ADDRESS	<b>301 COUNTRY BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAYTON, OSCAR W</b>	
STREET ADDRESS	<b>310 COUNTRY BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DANIEL, EULA</b>	
STREET ADDRESS	<b>2450 GRANADA BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RUDY, SHAWN</b>	
STREET ADDRESS	<b>40 RAINBOW BLVD</b>	
CITY-ST-ZIP	<b>BABSON PARK FL 33827</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAWN RUDY</b>	
STREET ADDRESS	<b>40 RAINBOW BLVD.</b>	
CITY-ST-ZIP	<b>BABSON PARK, FL 33827</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YVONNE MICHELLE ADKINS</b>	
STREET ADDRESS	<b>220 THIRD ST.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32824</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL RUDY</b>	
STREET ADDRESS	<b>3156 ANTHONY DR.</b>	
CITY-ST-ZIP	<b>ST CLOUD, FL 34771</b>	
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** Irene Schmidt **IRENE SCHMIDT** 4/27/02 407855 0575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)