

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90471 001 ***158.75

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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

2. Principal Place of Business

3. Mailing Address

310 COUNTRY BLVD
Suite, Apt. #, etc.

PO Box 771583
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE

City & State
ORLANDO

4. FEI Number 59-3582754

Applied For
Not Applicable

Zip Country
34741 FLORIDA

Zip Country
32877 ORANGE

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHMIDT, IRENE 301 COUNTRY BLVD KISSIMMEE FL 34741 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S YVONNE, MICHELLE A 220 THIRD ST ORLANDO FL 32824 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RUDY, SHAWN 40 RAINBOW BLVD BABSON PARK FL 33827 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RUDY, PAUL 3156 ANTHONY DR SAINT CLOUD FL 34771 | <input type="checkbox"/> Delete |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Irene Schmidt IRENE SCHMIDT RES. 4/24/03 467-855-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)