2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 8:00 am Secretary of State DOCUMENT: # P99000078460 1. Entity Name SUNRISE PROFESSIONAL CENTER, INC. 04-23-2000 90032 031 ***150.00 Mailing Address Principal Place of Business 31138 CORTEZ BOULEVARD 31138 CORTEZ BOULEVARD BROOKSVILLE FL 34602-7548 **BROOKSVILLE FL 34602** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable <u> 59 - 3599859</u> Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAMELA R. MCKINNEY, CPA SPIEGEL & UTRERA, P.A. Street Address (P.O. E309 Spelial Appropriable) 343 ALMERIA AVENUE BROOKSVILLE, FL 34601 CORAL GABLES FL 33134 <u>(352) 544-5544</u> Zip Code City # 59-3538205 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. **PSTD** . Change TITLE Delete TITI E NAME LINN, JAMES E. NAME *YOWENDY* 31138 CORTEZ BOULEVARD STREET ADDRESS STREET ADDRESS 8E116 CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34602** معلات ☐ Delete TITLE ☐ Change TITLE NAME NAME James (STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Addition-□ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/8 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

OCK. (9/99)