

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000093790**

1. Entity Name

Sunrise Landscaping Inc.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90018 039 ***150.00

Principal Place of Business

Mailing Address

Sarasota FL 732 Tuxford Dr

001011

2. Principal Place of Business

Sarasota FL

3. Mailing Address

732 Tuxford Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

FL

4. FEI Number

65-0962941

Applied For

Not Applicable

Zip **34232** Country **USA**

Zip **34232** Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Robert V. Bowden
732 Tuxford Dr
Sarasota FL 34232

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

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Robert V. Bowden
732 Tuxford Dr
Sarasota FL 34232

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: **Robert V. Bowden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)