

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 050 ***150.00

DOCUMENT # **V19449** ✓

1. Entity Name

SUNRISE MARKETING SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 GOLFSIDE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 0955

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

59-3123669

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32772-0955

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KEVIN E KELLEY

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

162 GOLFSIDE CIR

City **SANFORD**

FL

Zip Code

32773

**DO NOT WRITE
IN THIS SPACE**

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

Kevin E Kelley

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

(NOTE: Registered Agent signature required when reinstating)

5-1-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
**KEVIN E KELLEY - PRES
162 GOLFSIDE CIR
SANFORD FL 32773**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**JENNIFER C KELLEY - VP
162 GOLFSIDE CIR
SANFORD FL 32773**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer C. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

Daytime Phone #

CR2E034B (12/01)