

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90047 031 \*\*\*\*61.25

**DOCUMENT # 741297**

1. Entity Name

**SUNSET, INC.**

Principal Place of Business

Mailing Address

**6400 ESTERO BLVD  
 FT MYERS BCH FL 33931  
 -US**

**6400 ESTERO BLVD  
 FT MYERS BCH FL 33931-4440  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **51A**

Suite, Apt. #, etc. **31A**

City & State

City & State

4. FEI Number

**59-1841590**

Applied For  
 Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**LYNCH, LILLIAN T.  
 6400 ESTERO BLVD  
 UNIT 1001  
 FT MYERS BCH FL 33931**

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

*Lillian T. Lynch*  
 Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/3/00**  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **ROWE, CHARLES**  
 STREET ADDRESS **6400 ESTERO BLVD UNIT 802**  
 CITY-ST-ZIP **FT MYERS BCH FL**

TITLE  Change

TITLE **TD**  Delete  
 NAME **LYNCH, LILLIAN T**  
 STREET ADDRESS **6400 ESTERO BLVD #1001**  
 CITY-ST-ZIP **FT MYERS BCH FL**

TITLE  Change

TITLE **SD**  Delete  
 NAME **GRAPE, PETER**  
 STREET ADDRESS **6400 ESTERO BLVD UNIT 605**  
 CITY-ST-ZIP **FT MYERS BCH FL**

TITLE **SD**  Change   
 NAME **John McGuirk**  
 STREET ADDRESS **6400 Estero Blvd. Unit 603**  
 CITY-ST-ZIP **Ft. Myers Bch, FL.**

TITLE **PD**  Delete  
 NAME **YOUNG, WILLARD R**  
 STREET ADDRESS **6400 ESTERO BLVD, #703**  
 CITY-ST-ZIP **FT. MYERS BCH FL**

TITLE  Change

TITLE **D**  Delete  
 NAME **DICKERHOOF, DAN**  
 STREET ADDRESS **6400 ESTER BLVD., UNIT 205**  
 CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE  Change

TITLE  Delete

TITLE  Change

12. 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 617, Florida Statutes; and that my name appears in Block 10 or 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lillian T. Lynch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/00**  
 Date

**941-463-60**  
 Daytime Phone #