

DOCUMENT # 741297

1. Entity Name
SUNSET, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90034 019 ****61.25

Principal Place of Business
6400 ESTERO BLVD
FT MYERS BCH FL 33931
US

Mailing Address
6400 ESTERO BLVD
FT MYERS BCH FL 33931
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6400 Estero Blvd
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
FT Myers Bch Fl
Zip
33931
Country
Lee

City & State
Zip
Country

4. FEI Number
59-1841590

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LYNCH, LILLIAN T.
6400 ESTERO BLVD
UNIT 1001
FT MYERS BCH FL 33931

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

(NOTE: Registered Agent signature required when reinstating)

1/8/01
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		
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROWE, CHARLES	
STREET ADDRESS	6400 ESTERO BLVD UNIT 802	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LYNCH, LILLIAN T	
STREET ADDRESS	6400 ESTERO BLVD #1001	
CITY-ST-ZIP	FT. MYERS BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGUIRK, JOHN	
STREET ADDRESS	6400 ESTERO BLVD UNIT 603	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, WILLARD R	
STREET ADDRESS	6400 ESTERO BLVD, #703	
CITY-ST-ZIP	FT. MYERS BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKERHOOF, DAN	
STREET ADDRESS	6400 ESTER BLVD., UNIT 205	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE SEVERED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 941-463-6066
Date Daytime Phone #

0070

CR2E037 (10/00)