FILED
Aug 25, 2003 8:00 am
Secretary of State
08-11-2003 90291 002 ***158.75

FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

8/1

DOCUMENT#

1. EntityName Sunset Mortgage & Financial Services
Po 2000 081954 (L)

DO NOT WRITE IN THIS SPACE

55055016

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness		3. MailingAddress	
3335 N University Dr			
Suite,Apt.#,etc. #2		Suite,Apt.#,etc.	
City&State Davie		City&State FL	
Zip 33024	Country USA	Zip	Country

4. FEINumber 82-0556238 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent
Name GEORGE GRANT
StreetAddress (P.O.BoxNumbersisNotAcceptable)
3335 N. UNIVERSITY DRIVE #2
City DAVIE FL ZipCode 33024

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE X [signature] 8/7/03
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	President
NAME	George Grant
STREETADDRESS	16374 Segovia Circle South
CITY-ST-ZIP	Davie FL 33331
TITLE	V. President
NAME	Carla Grant
STREETADDRESS	16374 Segovia Circle South
CITY-ST-ZIP	Davie FL 33331
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes; and that my name appears in Block 10oronan attachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: [signature] 8-7-03
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#