## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000053897 1. Entity Name 05-15-2001 90070 018 \*\*\*150.00 SUNSET WEB TECHNOLOGIES, INC. Mailing Address Principal Place of Business P.O. BOX 14336 P.O. BOX 14336 CLEARWATER FL 33766-4336 CLEARWATER FL 33766-4336 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3646466 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIZIO, ARMANDO F Street Address (P.O. Box Number is Not Acceptable) 25400 U.S. 19 NORTH, SUITE 210 **CLEARWATER FL 33763** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Reg stered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change [ ] Addition TITLE TITLE **PSTD** ☐ Delete NAME NAME MEISER, FREDERIC A STREET ADDRESS STREET ADDRESS 2588 NORTHFIELD LANE CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33761** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE. TITLE. Delete\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

**FILED** 

Frederic A. Meiser 05/01/01 (727) 791-6601 AME OF SIGNING OFFICER OR DIRECTOR

President