2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 560829 1. Entity Name SETSUN, INC.							Secretary of State 02-03-2002 90003 043 ***150.00			
Principal Place of Business Malling Address 2494 SUNSET DR. EAST P. O. BOX 3007 WINTER HAVEN FL 33881 WINTER HAVEN FL 33885							1 JABIET BINS SNIJ BEIBT 18118 HEIB 1811 8	Oly Oldhi Oldhi Oldhi i		
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	59-1865636		pplied For	
Zip Country			Zip	Country		5.	Certificate of Status Desired	\$8.75 Add	ditional	
Name and Address of Current Registered Agent					NI	7. 1	7. Name and Address of New Registered Agent			
RAWLS, C.L.					Name					
	nset dr e/	AST		Street Address (F			Box Number is Not Acceptable)			
WINTER HAVEN FL 33881										
					City		F	Zip Cod	e	
SIGNATURE . 9. This corporate filing :	Signature, typed	or printed name of registered agent a lible to satisfy its Intangible and elects to do so.	rid title if applicable. (NOT	E: Registere	d Agent signature rec IS \$150.00 will be \$550.0	quired when re	ent, or both, in the State of Florida. instating) DAT 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be	
11.	THE OTT DECKY	OFFICERS AND (Make Check Payal	12.	spartinent of		DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	2 (N) 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	II.	AL	DITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAWLS, C L 5135 NESMITH ROAD PLANT CITY FL 33567		☐ Delete	NAME STREI				☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	````. ``	- · -	` □ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the	information cumulical with	☐ Delete	CITY	ET ADDRESS ST-ZIP	Continu	119.07(3)(i). Florida Statutes 1 further	☐ Change	Addition	

rhereby certify that the information supplied with this lifting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, Florinar 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.