

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692209

1. Entity Name
SUNSET ENTERTAINMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90114 017 ***158.75

Principal Place of Business
3563 CYPRESS TER
PINNELLAS PARK FL 34665

Mailing Address
3563 CYPRESS TER
PINNELLAS PARK FL 34665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3563 CYPRESS TERRACE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 20065
Suite, Apt. #, etc.

City & State
PINELLAS PARK FL

City & State
ST PETERSBURG, FL

4. FEI Number 59-2116933
Applied For
Not Applicable

Zip Country
33781 USA

Zip Country
33742 USA

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

6. Name and Address of Current Registered Agent
HOOD, JOSEPH
3563 CYPRESS TER
PINNELLAS PARK FL 34665

7. Name and Address of New Registered Agent
Name HOOD, ANNA L. Pres.
Street Address (P.O. Box Number is Not Acceptable)
3563 CYPRESS TERRACE
City PINELLAS PARK, Zip Code 33781

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 Anna L. Hood Pres. ANNA L. HOOD 4-19-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P HOOD, JOSEPH D.		NAME		
STREET ADDRESS	1873 BAYOU GRANDE BLVD. N.E.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	T HOOD, ANNA L.		NAME	P HOOD, ANNA L.	
STREET ADDRESS	1873 BAYOU GRANDE BLVD. N.E.		STREET ADDRESS	1873 BAYOU GRANDE BLVD N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703		CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

SIGNATURE: Anna L. Hood Pres ANNA L. HOOD 4-19-01 727-521-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)