

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000001615

1. Entity Name

THE SUNSET GROUP ~~INC.~~ PARTNERS, INC.

**FILED**  
**Jul 08, 2003 8:00 am**  
**Secretary of State**

07-08-2003 90026 008 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
22 Craven Street

Suite, Apt. #, etc.

3. Mailing Address  
PO Box 275

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Cave Spring, GA

City & State  
Cave Spring, GA

4. FEI Number  
582609790

Applied For  
Not Applicable

Zip  
30124

Country  
USA

Zip  
30124

Country  
USA

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

**7. Name and Address of Registered Agent**

Name  
A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI FL Zip Code  
33131

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
JACKSON, LESLIE  
534 PERY FARM RD.  
CAVE SPRING GA 30124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCPS  
JACKSON, BEN  
534 PERY FARM RD.  
CAVE SPRING GA 30124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ben Jackson BEN JACKSON, VCPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 706-777-3377