

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90072 043 ***150.00

DOCUMENT # F99000001136

1. Entity Name
SUNSET RANCHES, INC.



Principal Place of Business
**498 PALM SPRINGS DRIVE, SUITE 100
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**498 PALM SPRINGS DRIVE, SUITE 100
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business
9400 S. DADELAND BLVD.

3. Mailing Address
9400 S. DADELAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

STE 605

STE 605

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **74-2667121**

Applied For
Not Applicable

Zip
33156

Country
USA

Zip
33156

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIACALONE, JACK W
498 PALM SPRINGS DRIVE, SUITE 100
ALTAMONTE SPRINGS FL 32701**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KUCHARCZYK, JOHN
13301 EIGHT MILE RD.
WARREN MI 48089** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GIACALONE, JOSEPH
13301 E. MILE RD.
WARREN MI 48089** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GIACALONE, JACK W
9400 S. DADELAND BLVD., STE. 605
MIAMI FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**498 PALM SPRINGS DR., SUITE 100
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other one empowered.

SIGNATURE:

SIGNATURE REQUIRED

JACK W. GIACALONE

(407) 261-8813

Date

Daytime Phone #

CR2E034 (10/02)