## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # G64905** Jan 12, 2000 8:00 am **Secretary of State** SUNSET R. V. SALES, INC. 01-12-2000 90080 005 \*\*\*150.00 Mailing Address Principal Place of Business 2725 AURORA RD. 2725 AURORA RD MELBOURNE FL 32935-2058 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2433882 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOILEAU, JOHN L Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVENUE BUILDING C COCOA FL 32922 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered 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, 2000 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. Addition K Change TITLE P ☐ Delete TITLE PETROVICH, ISIDOR Petrovich Isidor NAME NAME **408 MONTREAL WAY** STREET ADDRESS 329 Ocean View Ln. Indialantic, F1. 32903 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROCKLEDGE FL Change ☐ Addition ☐ Delete TITLE TITLE PETROVICH, GORDANA NAME Petrovich Gordana NAME 408 MONTREAL WAY STREET ADDRESS 329 Ocean View Ln. India Lantic, F1. 32903 STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL** CITY-ST-ZIP K) Change Addition TITLE ☐ Delete TITLE Petrovich Gordana PETROVICH, GORDANA NAME NAME 329 Ocean View Ln. **408 MONTREAL WAY** STREET ADDRESS STREET ADDRESS Indialantic, F1. 32903 CITY-ST-ZIF ROCKLEDGE FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

OR PETROVIEH 01-04-2000
ER OR DIRECTOR Date Daylin