

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H39897

FILED

02 MAY 31 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SUNSET DONUTS, INC.

Principal Place of Business
23924 US HWY 19 N
CLEARWATER, FL 34625

Mailing Address
23924 US HWY 19 N
CLEARWATER, FL
34625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1612726

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTELHO, NORBERTO S.
2133 COLLINSWOOD CT
NEW PORT RICHEY FL

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.

SIGNATURE _____ (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, 2002 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 NAME P BOTELHO, NORBERTO S.
STREET ADDRESS 2133 COLLINSWOOD CT.
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE NAME 201.25 - AR ☐ Change ☐ Addition
STREET ADDRESS 10.00 - ARART
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 88-75 - ARSUPP ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 800005765268 ☐ Change ☐ Addition
STREET ADDRESS -06/13/02--01034-010
CITY-ST-ZIP *****300.00 *****150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 800005765268 ☐ Change ☐ Addition
STREET ADDRESS -06/13/02--01034-010
CITY-ST-ZIP *****300.00 *****300.00

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 lines empowered.

SIGNATURE: _____

Date

Daytime Phone #

4/26/02