

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67609

1. Entity Name

SUN SETS OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 401  
DELRAY BEACH FL 33447

P.O. BOX 401  
DELRAY BEACH FL 33447-0401

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 59-2571832

Applied For  
Not Applicable

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

GOEBEL, J. JEFFREY  
16060 E. BRIGHTON DRIVE  
LOXAHATCHEE FL 33470

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

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P  
GOEBEL, J. JEFFREY  
16060 E. BRIGHTON DRIVE  
LOXAHATCHEE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

S  
GLIMPSE, BRUCE  
2675 IDA WAY  
W PALM BCH FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2000

561 793 5172