2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **H67609** SUN SETS OF THE PALM BEACHES, INC. 01-29-2000 90104 021 ***150.00 Principal Place of Business Mailing Address P.O. BOX 401 P.O. BOX 401 DELRAY BEACH FL 33447-0401 DELRAY BEACH FL 33447 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2571832 Not April Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOEBEL, J. JEFFREY Street Address (P.O. Box Number is Not Acceptable) 16060 E. BRIGHTON DRIVE LOXAHATCHEE FL 33470 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Delete TITLE TITLE GOEBEL, J. JEFFREY NARRE NAME 16060 E. BRIGHTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL City-St-ZIP ___ Addition ☐ Change X Delete TITLE GLIMPSE, BRUCE NAME 2675 IDA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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 like empowered.