

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71596

1. Entity Name

SUNSET ENTERPRISES OF NAPLES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90045 029 ***150.00

Principal Place of Business C/O RONALD F. SUMMERS 5790 12TH AVENUE S.W. NAPLES FL 34116 US	Mailing Address C/O RONALD F. SUMMERS 5790 12TH AVENUE S.W. NAPLES FL 34116-4908 US
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2. Principal Place of Business 4776 Radio Rd. Suite, Apt. #, etc. UNIT 101	3. Mailing Address 5790 12TH AVE SW Suite, Apt. #, etc.
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City & State NAPLES, FL 34104	City & State NAPLES, FL
Zip 34104	Country Collins

4. FEI Number 65-0287673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMMERS, RONALD F.
5790 12TH AVENUE S.W.
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name: Ronald F. Summers
Street Address (P.O. Box Number is Not Acceptable): 5790 12TH AVE SW
City: Naples FL Zip Code: 34116

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: Ronald F. Summers Ronald F. Summers 01/04/00
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	P SUMMERS, RONALD F. 5790 12TH AVENUE S.W. NAPLES FL 34116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERS, ROBERTA 5790 12TH AVENUE S.W. NAPLES, FL 33999 34116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUMMERS, ROBERTA R 5790 12TH AVE. SW NAPLES FL 34116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete

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.

SIGNATURE: Ronald F. Summers 01/04/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #