

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96957

1. Entity Name
SUNSET HOMES OF PASCO, INC.

FILED

01 SEP 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10010 U.S. 19 PORT RICHEY FL 34668	Mailing Address 10010 U.S. 19 PORT RICHEY FL 34668
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9828 US 19 Suite, Apt. #, etc.
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City & State PORT RICHEY FL	4. FEI Number 59-3032867	Applied For <input type="checkbox"/> Not Applicable
Zip 34668	Country PASCO	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANK, JOHN P. S
5335 SAGAMORE CT.
NEW PORT RICHEY FL 34655

34668

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, JOHN JR. 7515 VIENNA LANE PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* RE: **FRANK ST** Date: **8-30-01** 727 868 6793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

11/15/01

CR2E034 (5/01)