

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M78403**

1. Entity Name

SUNSET ISLAND CORPORATION

Principal Place of Business

POST OFFICE BOX 10000
CRYSTAL RIVER FL 34423
US

Mailing Address

POST OFFICE BOX 10000
CRYSTAL RIVER FL 34423-9701
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90163 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2890340**

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

CARMAN, JAMES W
6142 W CORPORATE OAKS DR
CRYSTAL RIVER 34429

Name

Street Address (P.O. Box Number is Not Acceptable)

2600 W BLACK DIAMOND CIRCLECity **LECANTO****FL**Zip Code **34461**

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 State10. 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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	STD		<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	OLSEN, ELIZABETH M.	6142 W CORPORATE OAKS DR	CRYSTAL RIVER FL			2600 W BLACK DIAMOND CIRCLE	LECANTO FL 34461
	PD		<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	OLSEN, STANLEY C.	6142 W CORPORATE OAKS DR	CRYSTAL RIVER FL			2600 W BLACK DIAMOND CIRCLE	LECANTO FL 34461
	AS		<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	TAYLOR, MARINA	6142 W CORPORATE OAKS DR.	CRYSTAL RIVER FL			2600 W BLACK DIAMOND CIRCLE	LECANTO FL 34461
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					V		
					HINDS, W. THOMAS, JR.	2600 W BLACK DIAMOND CIRCLE	LECANTO FL 34461
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Marina Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(352) 795-2505

Daytime Phone #

CR2E034 (9/99)