

DOCUMENT # N14468

1. Entity Name

SUNSET R/C, INC.

Principal Place of Business

Mailing Address

P.O. BOX 701961
ST. CLOUD FL 34770
US

P.O. BOX 701961
ST. CLOUD FL 34770
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 1:20



REINSTATEMENT 02

4. FEI Number NOT APPLICABLE

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

CULDERSTON, HUNTER
2037 LIVE OAK BLVD
ST CLOUD FL 34771

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

5815 GUENEVERE CT

City ST. CLOUD FL Zip Code 34772

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/13/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EARLY, JOEL
STREET ADDRESS 555 MOONLIGHT CT
CITY-ST-ZIP ST. CLOUD FL 34771 ☒ Delete

TITLE VD
NAME VALLIER, DAVE
STREET ADDRESS 218 OLD BAY LN
CITY-ST-ZIP KISSIMMEE FL 347 ☒ Delete

TITLE STD
NAME CULBERTSON, HUNTER
STREET ADDRESS 2037 LIVE OAK BLVD
CITY-ST-ZIP ST CLOUD FL 34771 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DARREN OLIVERIO
STREET ADDRESS 2066 LIVE OAK BLVD
CITY-ST-ZIP ST. CLOUD 34771 ☒ Change ☒ Addition

TITLE STD
NAME DOUGLAS CALAWAY
STREET ADDRESS 5815 GUENEVERE CT
CITY-ST-ZIP ST. CLOUD, FL 34772 ☒ Change ☒ Addition

TITLE VP
NAME EARLY, JOEL
STREET ADDRESS 555 MOONLIGHT CT
CITY-ST-ZIP ST. CLOUD, FL 34771 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME 700003509367-6
STREET ADDRESS -12/20/00-01086-015
CITY-ST-ZIP *****236.25 *****236.25

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)