

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000018318

FILED
Apr 30, 2003
Secretary of State

Entity Name: SUNSET VALLEY PROPERTIES, INC.

Current Principal Place of Business:

104 SUWANNEE AVE., NW
BRANFORD, FL 32008

New Principal Place of Business:

124 NORTH FLETCHER STREET
MAGNOLIA SUITE
MAYO, FL 32066

Current Mailing Address:

PO BOX 1382
BRANFORD, FL 32008

New Mailing Address:

PO BOX 1388
MAYO, FL 32066

FEI Number: 59-3703412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, LEENETTE W
CORNER OF CRAWFORD ST. & MONROE ST.
PO BOX 1388
MAYO, FL 32066 US

Name and Address of New Registered Agent:

MCMILLAN, LEENETTE W
124 NORTH FLETCHER AVENUE
MAGNOLIA SUITE
MAYO, FL 32066 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMILLAN, LEENETTE W
Address: PO BOX 1382
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCMILLAN, LEENETTE W
Address: PO BOX 1388
City-St-Zip: MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEENETTE W. MCMILLAN

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date