

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90190 030 \*\*\*150.00

**DOCUMENT # P01000100508**

1. Entity Name

**SUNSET PALMS REALTY, INC.**

Principal Place of Business

**3401 GANDY BOULEVARD  
 PINELLAS PARK FL 33781**

Mailing Address

**3401 GANDY BOULEVARD  
 PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**GORDON, SCOTT E  
 333 SOUTH TAMiami TRAIL  
 SUITE 199  
 VENICE FL 34285**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **FICKE, ALBERT J**  
 STREET ADDRESS **34007 AZALEA DRIVE**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D.** ☒ Change ☐ Addition  
 NAME **Marilyn Sullivan**  
 STREET ADDRESS **34089 Alameda Dr**  
 CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE **D** ☒ Delete  
 NAME **NASON, KENNETH M**  
 STREET ADDRESS **34701 LAKE DRIVE**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D.** ☒ Change ☐ Addition  
 NAME **Kathryn Nason**  
 STREET ADDRESS **34701 Lake Drive**  
 CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE **D** ☒ Delete  
 NAME **COOK, LIONEL H**  
 STREET ADDRESS **34183 CANAL DRIVE**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D.** ☒ Change ☐ Addition  
 NAME **William Ledig**  
 STREET ADDRESS **34422 Oleander Dr.**  
 CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

*Marilyn Sullivan* **Marilyn Sullivan 2-14-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7275638277

CR2E034 (9/01)