2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000111640 **DOCUMENT#**



FILED Apr 28, 2003 8:00 am Secretary of State

1. Entity Nam SUNSET		OLDIN	IGS, INC.							04-28-20	03 90506	007 ***150	0.00	
Principal Place of Business 3637 FOURTH STREET NORTH SUITE 230 ST PETERSBURG FL 33704					Mailing Address 3637 FOURTH STREET NORTH SUITE 230 ST PETERSBURG FL 33704									
2. Principal Place of Business					3. Mailing Address						40 181 4018 1 2101			
Suite, Apt. #, etc.				Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State					City & State			4. FEI Number 38 → 31			3143		oplied For ot Applicable	1
Zip	Country Country				Zip — Cour			المليرة المحتمد	5. C	Certificate of Status Desire		\$8.75 Add		
6. Name and Address of Current I					legistered Agent			7. Name and Address of New Registered Agent						1
KELLEY, JAMES R 3637 FOURTH STREET NORTH SUITE 230							Name Street A	<u> </u>	20. Bo	A. Bodzi				-
ST. PETERSBURG FL 33704							City	tiuc St. (<u>230</u> rersburg	F	L Zip Code	704	
	named entity tions of regist			nt for the purp	pose of changing its	registere	ed office or	registere		ent, or both, in the State of			and accept	
SIGNATURE .	Signature, typed	or printed n	ame of registered as	gent any title if ap	plitable. (NOT	E: Registered	d Agent signate	ure required	when rei	nstating)	7/11 DATE	103		
FILE NOW!H: FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$					State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.		i.	OFFICERS A	ND DIRECTO		11.	,		ADI	DITIONS/CHANGES TO C	FFICERS AN			1 .
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like mpowered.

SIGNATURE:

200 B = 52 SIGNING OFFICER OR DIRECTOR