

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039084

1. Entity Name

SUNSET ENTERPRISES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90015 030 ***150.00

Principal Place of Business

Mailing Address

206 N COLLINS ST
PLANT CITY FL 33566
US

206 N COLLINS ST
PLANT CITY FL 33565-3801
US

2. Principal Place of Business

3. Mailing Address

4825 W. Miley Rd.

4825 W. Miley Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City, Florida

City & State

Plant City, Florida

4. FEI Number

59-3241594

Applied For

Not Applicable

Zip

33565

Country

USA

Zip

33565

Country

USA

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

HOLLINGSWORTH, SCOT A
4825 W MILEY ROAD
PLANT CITY FL 33565

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

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

Scot Hollingsworth (DP)

3/23/2000

DATE

(NOTE: Registered Agent signature required when reinstating)

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 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 DP ☐ Delete
NAME HOLLINGSWORTH, SCOT A
STREET ADDRESS 4825 W MILEY ROAD
CITY-ST-ZIP PLANT CITY FL 33565

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

TITLE DST ☐ Delete
NAME HOLLINGSWORTH, ALICIA M
STREET ADDRESS 4825 W MILEY ROAD
CITY-ST-ZIP PLANT CITY FL 33565

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Alicia Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000

Date

(813) 659-3770

Daytime Phone #

CR20034 (9/99)