2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P94000078679 1. Entity Name SUNSET VILLAS, INC. 05-02-2000 90099 012 ***150.00 Mailing Address Principal Place of Business 215 FIFTH STREET, STE. 108 215 FIFTH STREET, STE. 108 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401-4026 HS HS 3. Mailing Address Floride Mangle Principal Place of Business DO NOT WRITE IN THIS SPACE 200 Applied For 4. FEI Number 65-0534790 Not Applicable \$8.75 Additional Country Pã<u>Im</u> 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEATON, GEORGE W 215 FIFTH STREET, STE. 108 W. PALM BEACH FL 33401 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ■ Addition CR2E034 (9/99 ☐ Delete TITLE TITLE NAME HEATON, LINN D NAME STREET ADDRESS STREET ADDRESS 215 FIFTH STREET, STE. 108 CITY-ST-7P CITY-ST-ZIP W. PALM BEACH FL 33401 ☐ Change Addition VΡ ☐ Delete TITLE TITLE HEATON, LEE W NAME NAME STREET ADDRESS STREFT ADDRESS 215 FIFTH ST #108 CITY-ST-ZIP CITY-ST-ZIP WPB FL 33401 ☐ Change **Modition** Delete TITLE Deborah A. Dentry NAME 2000 N. Florida Margo Rd # 200 STREET ADDRESS STREET ADDRESS 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE AMAK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

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TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

WATER AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIFFETCH

Delete

361.697.5252

☐ Change

Addition

Daytime Phone #