## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P95000095179** 02-14-2000 90167 026 \*\*\*150.00 SUNSET STABLES, INC. Mailing Address Principal Place of Business 3216 BLOUNT ROAD 3216 BLOUNT ROAD RUUGIOTO **DOVER FL 33527** FL 33527 بىرىي 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For - City-&-State --- City & State --4. FEt Number 65-0630057 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTER, TRACEY M Street Address (P.O. Box Number is Not Acceptable) 3216 BLOUNT ROAD DOVER FL 33527 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible .10.-\_Election Campaign Financing ---- \$5:00 May Be-After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ---Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE CARTER, TRACEY M NAME STREET ADDRESS 3216 BLOUNT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 NAME NAME 🛬 🚐 STREET ADDRESS STREET ADDRESS 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

13. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

NAME

STREET ADDRESS

CITY-ST-ZIP