2000 UNIFORM BUSINESS REPORT (UBR)

May 09, 2000 8:00 am Secretary of State DOCUMENT # **P96000001880** SUNSET COLONY PROPERTIES, INC. 05-09-2000 90022 019 ***150.00 Principal Place of Business Mailing Address **528 EIGHTH STREET** 528 EIGHTH STREET **CLERMONT FL 34711-2162** CLERMONT FL 34711 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3355619 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ICARDI, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 990 LEWIS DRIVE WINTER PARK FL 32789 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE VESSELS, STEVE NAME STREET ADDRESS **528 EIGHTH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 STREET ADDRESS 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.

FILED

SIGNATURE: Discour Signature and types or printed name of signing officer or director Date Date Dayting Phone *