

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90282 004 ***550.00

DOCUMENT # P96000016984



1. Entity Name
SEMINOLE SUNSET, INC.

Principal Place of Business
**6300 STIRLING RD
HOLLYWOOD FL 33024**

Mailing Address
**6300 STIRLING RD
HOLLYWOOD FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0646515**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORSKY, ERIC ESQ.
7320 GRIFFIN ROAD, SUITE 220
DAVIE FL 33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CYPRESS, MITCHELL	
STREET ADDRESS	6300 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	CYPRESS, DAVID	
STREET ADDRESS	6300 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFF, JOHN W JR	
STREET ADDRESS	6300 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OSCEOLA, MAX B JR	
STREET ADDRESS	6300 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHORE, JIM	
STREET ADDRESS	6300 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MOTLOW, AGNES B	
STREET ADDRESS	6300 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koger Smith	
STREET ADDRESS	6300 Stirling Road	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

7-10-03 954-967-3950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)