

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030351

1. Entity Name

SUNSET FINANCIAL INC.

Principal Place of Business Mailing Address

8051 TAMiami TRAIL N #13
SARASOTA FL 34243

8051 TAMiami TRAIL N #13
SARASOTA FL 34236-4241

2. Principal Place of Business

677 N. Washington Blvd
Suite, Apt. #, etc.

3. Mailing Address

677 N. Washington Blvd
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. FEI Number

65-0739854

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUNES, ROBERT E
8051 TAMiami TRAIL N #13
SARASOTA FL 34243

CHANGE →

7. Name and Address of New Registered Agent

Name

Robert Nunes

Street Address (P.O. Box Number is Not Acceptable)

677 N. Washington Blvd

City

SARASOTA

FL

Zip Code

34236

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

Robert Nunes, Pres.

1/21/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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

TITLE D
NAME NUNES, ROBERT E
STREET ADDRESS 8051 TAMiami TRAIL N #13
CITY-ST-ZIP SARASOTA FL 34243

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Robert Nunes
STREET ADDRESS 677 N. Washington Blvd.
CITY-ST-ZIP SARASOTA, FL 34236

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

Robert Nunes, Pres.

1/21/00 (941) 359-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #