02/14/02 10:38 ☎1 407 425 7905 HENDRY STONER 002/002

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 22 PM 4:00

DOCUMENT # P97000034572

1. Entity Name
SUNSET VACATIONS CORP.

Principal Place of Business	Mailing Address
3201 LINDFIELDS BLVD. KISSIMMEE FL 34747	C/O G. STEVEN BROWN 200 E. ROBINSON ST. #500 ORLANDO FL 32801

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3443558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLORIDA CORPORATE SUPPORT, INC.~~
200 E. ROBINSON, STE. 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name HENDRY, STONER, DELANCETT & BROWN, P.
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.

Hendry, Stoner, DeLancett & Brown PA

SIGNATURE By G Steven Brown Shareholder
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WEHRLE, JAMES R 3201 LINDFIELDS BLVD. KISSIMMEE FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005081264--9 -03/11/02--01073--001 ****150.00	☐ Change ☐ Add
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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: James R Wehrle 14 II 02 011-52-998-881-4639