

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90003 038 ***550.00

0093101 AV

DOCUMENT # P97000073131

1. Entity Name
SUNSET STITCHES, INC.

Principal Place of Business
7200 US HWY 19
STE 150
PINELLAS PARK FL 33781
US

Mailing Address
7200 US HWY 19
STE 150
PINELLAS PARK FL 33781
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8209 Ulmerton Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Zip

33771

Country

US

Zip

33771

Country

US

4. FEI Number

59-3463815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERONA & FREEMAN, P.A.
7235 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
NAME **WELTON, BRENDA**
STREET ADDRESS **7200 US HWY 19 STE 352**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **VP** ☐ Delete
NAME **WELTON, SCOTT**
STREET ADDRESS **7200 US HWY 19 STE 352**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Markle Brenda**
STREET ADDRESS **8209 Ulmerton Rd**
CITY-ST-ZIP **Largo FL 33771**

TITLE **VP** ☒ Change ☐ Addition
NAME **WELTON, SCOTT**
STREET ADDRESS **8209 Ulmerton Rd**
CITY-ST-ZIP **Largo FL 33771**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01 777 524-1555

Date

Daytime Phone #

CR2E034 (5/01)