

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041463

1. Entity Name

SUNSET TRADE 2, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90085 034 ***150.00

Principal Place of Business

1507 S.E. 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address

1507 S.E. 47TH TERRACE
CAPE CORAL FL 33904-9639

2. Principal Place of Business

1505 S.E. 40th Street

3. Mailing Address

1505 S.E. 40th Street

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

Cape Coral

City & State

Cape Coral

Zip

33904

Country

Zip

33904

Country

4. FEI Number

65-0851299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMID, ULBRICKE
1507 S.E. 47TH TERRACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name: James W. Amburn
Street Address (P.O. Box Number is Not Acceptable)
1505 S.E. 40th Street
Suite C
City: Cape Coral FL Zip Code: 33904

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

James W. Amburn

4/17/00
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, 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 ☐ Delete
NAME: GOETZ, JENS
STREET ADDRESS: 1507 S.E. 47TH TERRACE
CITY-ST-ZIP: CAPE CORAL FL 33904

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Change ☐ Addition
NAME: Goetz, Jens
STREET ADDRESS: 1505 S.E. 40th Street, Suite C
CITY-ST-ZIP: Cape Coral, FL, 33904

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)