## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**3 May 26, 2000 8:00 am Secretary of State 1. Entity Name Sunset Advertising Enterprises, Inc. 05-26-2000 90122 044 \*\*\*150.00 Principal Place of Business Mailing Address 4010 EST 4910 14TH STREET WEST SUITE 308 **BRADENTON FL 34207** Sunset Advertising Enterprises, Inc. 5726 Cortez Road West # 189 2. Principal Place Bradenton, Florida 34210 .,..عاد: #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0497919 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 3737 BALTIA VISTA SARASOTA FL 34232 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSTD** Addition - Change TITLE ☐ Delete BERGMAN, DERRICK E NAME 4910 14TH STREET WEST 5726 CONTER ROW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207 ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 afformation to the receiver of the corporation of the corpo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED BAMB OF SIGNING OFFICEB OR DIRECTOR

04/25/00

604-602-8924

Daytime Phone #