

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
 03-14-2001 90011 012 ***150.00

DOCUMENT # P98000083858

1. Entity Name
 P+B Sunset Holdings, Inc. ✓

Principal Place of Business
 6406 Congress Street
 New Port Richey, FL
 34653

Mailing Address

2. Principal Place of Business
 6406 Congress Street

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 New Port Richey, FL

City & State

Zip 34653 **Country** USA

Zip **Country**

4. FEI Number

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Jeffrey Balla
 6406 Congress Street
 New Port Richey, FL 34653

7. Name and Address of New Registered Agent
 Name: Jeffrey Balla
 Street Address (P.O. Box Number is Not Acceptable): 6406 Congress Street
 City: New Port Richey FL Zip Code: 34653

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 *Jeffrey Balla* **Jeffrey Balla (President)** **03-05-01**
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. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 DIRECTOR and President	<input type="checkbox"/> Delete
NAME Jeffrey Balla	
STREET ADDRESS 6406 Congress Street	
CITY-ST-ZIP New Port Richey, FL 34653	
TITLE Vice President / Director	<input type="checkbox"/> Delete
NAME Robert Pettit	
STREET ADDRESS 16101 Garden Drive	
CITY-ST-ZIP Odessa, FL 33556	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeffrey Balla* **Jeffrey Balla (President)** **03-05-01** **(727) 815-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)