2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DONALD A. DELAPENHA, President

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P99000005582 1. Entity Name SUNSET POWER EQUIPMENT. INC. 03-15-2000 90074 036 ***150.00 Mailing Address Principal Place of Business 46 N WASHINGTON BLVD #1 46 N WASHINGTON BLVD #1 SARASOTA FL 34236-5932 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business 6209 S. MCINTOSH ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0896442 Not Applicable SARASOTA FL Country Zip 34238 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 WEINER, NEVIN A Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD #1 SARASOTA FL 34236 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. 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 \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. D, P, T **X X**ddition Change ☐ Delete TITLE TITLE DELAPENHA, DONALD A. NAME NAME STREET ADDRESS 6209 S. MCINTOSH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL34238 D, VP ☐ Change XXddition ☐ Delete TITLE TITLE BRUNDAGE, SCOTT NAME NAME 6209 S. MCINTOSH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL34238 CITY-ST-7IP D,S **X** Addition ☐ Change TITLE ☐ Delete TITLE CSASZAR, CHARLES NAME NAME 6209 S. MCINTOSH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL34238 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. changed, or on an atta ent with an address, with a