

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009997

1. Entity Name
SUNSET AIR, INC.

Principal Place of Business

**5790 ENTERPRISE PARKWAY
FORT MYERS FL 33905**

33905

Mailing Address

**5790 ENTERPRISE PARKWAY
FORT MYERS FL 33905-5005**

2. Principal Place of Business

5790 Enterprise Pkwy

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Ft. Myers, Fl.

City & State

Same

Zip

33905

Country

Zip

Country

4. FEI Number

65-0890662

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINESETT, RICHARD W
2248 FIRST STREET
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name
Ronald D. Kelly
Street Address (P.O. Box Number is Not Acceptable)
2014 NE 3rd Street

City **Cape Coral** **FL** Zip Code **33909**

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 **Ronald D. Kelly President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/14/00

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 \$350.00
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	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DEBBIE L	
STREET ADDRESS	19420 TURKEY RUN LANE	
CITY-ST-ZIP	FORT MYERS FL 33920	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald K. Kelly	
STREET ADDRESS	2014 NE 3rd Street	
CITY-ST-ZIP	Cape Coral, Fl. 33909	
TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason T. Schreyer	
STREET ADDRESS	19360 Turkey Run Ln.	
CITY-ST-ZIP	Alva, Fl. 33920	
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: **Ronald D. Kelly President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (941) 834-905

FILED
Feb 29, 2000 8:00 am
Secretary of State

01-20-2000 90159 012 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)