

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000016577**

1. Entity Name

SUNSET EQUITIES, INC**FILED****Jun 07, 2000 8:00 am**
Secretary of State

06-07-2000 90004 010 ***150.00

853441

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

795 MARBURY

Suite, Apt. #, etc.

3. Mailing Address

P.M.B. 148 5380 GULF OF MEXICO

Suite, Apt. #, etc.

DRIVE

City & State

Longboat Key FLORIDA

City & State

Longboat Key, FLORIDA

Zip

34228

Country

MANATEE

Zip

34228

Country

MANATEE

4. FEI Number

65-0897588

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WILLIAM KARY

Street Address (P.O. Box Number is Not Acceptable)

795 MARBURY

City

Longboat Key

FL

Zip Code

34228

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.

Wm KARY PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

5.1.00.9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ DeleteNAME **PRESIDENT**STREET ADDRESS **WILLIAM KARY**CITY-ST-ZIP **795 MARBURY****Longboat Key FLORIDA 34228**TITLE ☐ DeleteNAME **VICE PRESIDENT**STREET ADDRESS **DOUG LEV**CITY-ST-ZIP **2515 GLENWOOD****TOLEDO, OH 43610**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.1.00. 941 544 5400

CR2E034 (9/99)