2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000024469

Entity Name: SUNSET SUGAR FARMS, INC.

21250 US HWY 27 SOUTH

21250 US HWY 27 SOUTH

SOUTH BAY, FL 33493

() Delete

SOUTH BAY, FL 33493

LORENZ, MICHAEL

DVS

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O C.J. KIP JACOBY 700 20TH ST. VERO BEACH, FL 32960 **New Mailing Address: Current Mailing Address:** C/O C.J. KIP JACOBY 700 20TH ST. VERO BEACH, FL 32960 FEI Number: 59-3637379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBY, C.J. K 700 20TH ST. VERO BEACH, FL 32960 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WILSON, JR., CHARLES F. WILSON, JR., CHARLES F Name: Name: 380 US HWY 27 NORTH 380 US HWY 27 NORTH Address: Address: City-St-Zip: SOUTH BAY, FL 33493 City-St-Zip: SOUTH BAY, FL 33493 () Delete Title: DV Title: DV (X) Change () Addition DAVIS, JEFFERY L Name: PORRO, JOSE M Name: 380 US HWY 27 N 380 US HWY 27 NORTH Address: Address: SOUTH BAY, FL 33493 SOUTH BAY, FL 33493 City-St-Zip: City-St-Zip: Title: DVT () Delete Title: () Change () Addition KIRSTEIN, ROBERT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: CHARLES F. WILSON, JR. DP 04/30/2003

() Change () Addition