

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90226 017 \*\*\*150.00

**DOCUMENT # P99000090047**

**1. Entity Name**  
**SUNSET CARE CLEANING-HANDYMAN SERVICE INC.**



**Principal Place of Business**  
**5170 CINNAMON FERN BLVD.**  
**PORT ST. JOHN FL 32927**

**Mailing Address**  
**5170 CINNAMON FERN BLVD.**  
**PORT ST. JOHN FL 32927**

**2. Principal Place of Business**

**1108 KAYELLEN CT**

**3. Mailing Address**

**1108 KAYELLEN CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CITY & STATE**  
**SAN JOSE, CA. 95125**

**CITY & STATE**  
**SAN JOSE, CA.**

**4. FEI Number**  
**59-3634393**

**Applied For**  
**Not Applicable**

**Zip**  
**95125**

**Country**  
**USA**

**Zip**  
**95125**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**POSADA, WILHELMINA**  
**5170 CINNAMON FERN BLVD.**  
**PORT ST. JOHN FL 32927**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CEO**  
**POSADA, WILHELMINA**  
**5170 CINNAMON FERN BLVD.**  
**PORT ST. JOHN FL 32927**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V**  
**POSADA, PEDRO A**  
**5170 CINNAMON FERN BLVD.**  
**PORT ST. JOHN FL 32927**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
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**POSADA, ALFONSO**  
**5170 CINNAMON FERN BLVD.**  
**PORT ST. JOHN FL 32927**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

☐ Change ☐ Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *Wilhelmina Posada* **CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 18th 2003** **(408-)**  
**279-5895**

Date

Daytime Phone #

CR2E034 (10/02)