## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like epi

SIGNATURE:

## Feb 27, 2002 8:00 am Secretary of State DOCUMENT # S77581 1. Entity Name 02-27-2002 90003 021 \*\*\*158.75 SUNSET EQUITY PARTNERS, INC. Principal Place of Business Mailing Address 298 LAKE MARKHAM ROAD PO BOX 2091 SANFORD FL 32771 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address PO BOX 950906 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-308 1823 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOUTS, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 298 LAKE MARKHAM ROAD SANFORD FL 32771 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition NAME FOUTS, MICHAEL R. NAME STREET ADDRESS 298 LAKE MARKHAM ROAD STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FOUTS, DOVER R NAME STREET ADDRESS STREET ADDRESS 107 ACADEMY STREET CITY-ST-ZIP CITY-ST-ZIP BURNSVILLE NC 28714 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

Daytime Phone #