FILED

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

## Mar 29, 2002 8:00 am Secretary of State DOCUMENT # F22575 1. Entity Name 03-29-2002 91432 024 \*\*\*150 00 SUNCOAST SERVICE CENTER, INC. Principal Place of Business Mailing Address 3055-W HILLSBOROUGH AVE 3055-W HILLSBOROUGH AVE **TAMPA FL 33614** TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address 3055-W-3055-Hellsborouch a Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2072231 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ent Registered Agent RODRIGUEZ, BONNIE C Street Address (P.O. Box Number is Not Acceptable) 5406 N ROSEMONT AVE **TAMPA FL 33614** FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered eigent, or both, in the State of Florida. DATE ure required when reinstating) FILE NOW!! /FEE IS \$1\$0.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. 12. (9/01) TITLE TITLE DP ☐ Delete NAME NAME RODRIGUEZ, BONNIE C STREET ADDRESS STREET ADDRESS 5406 N. ROSEMONT AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 TITLE TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [7] 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