## CE JUZJ

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

SIGNATURE:

UN	IFORM BUSINI	ESS REPOR	<u> </u>	<u>JBR</u>	)	Apr 02, 2003 8.00 am
DOCUMENT # P0100032591  1. Entity Name SUNCOAST SPORTPLANES, INC.						Secretary of State 04-02-2003 90103 035 ***158.75
Principal Place 2003 MAINSA NAPLES FL		Mailing Address 2003 MAINSAIL DRIVE NAPLES FL 34114			TREE	I ANDRIANNI MII NAINI ANNI NORIA NORIA NORIA NORIA NORIA NIJAN NANA NAINA MARKA IRAN INNI
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES
City & Star	e	City & State				4. FEI Number 59-3711385 Applied For Not Applicable
Zip	Country	Zip	Coun	ountry		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Name	<del></del>	7. Name and Address of New Registered Agent
GENG K	ADI H			MONTE LAZARUS		
GENG, KARL H. 695 EMBASSY COURT MARCO ISLAND FL 34745				Street Address (P.O. Box Number is Not Acceptable) 212 WATERWAY COURT # 202		
				City MARCO ISLAND FL 39/95		
8. The above the obligat SIGNATURE	e named entily submits this statement fortions of registered agent.  Signature, typed or printed name of existered agent.	MONTE	LAZ	<u>ARU</u>	S	red agent, or both, in the State of Florida. I am familiar with, and accept FCBRUARY 4, 2003  when reinstating)  DATE
Afte	ILE NOW!!! FEE IS(\$150)00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVESTER, ANDREW R S05 EMBASSY COURT- MARCO ISLAND FL 34145	☐ Delete			200.	VESTER, ANDREW.R. 13 MINSAIL DRIVE 14 JES FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GENG, KARL M 695 EMBASSY CT MARCO ISLAND FL 34145-6828	<b>▼</b> Delete				☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	راء رايمانه مستنيان المستناولات الراسان	☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1			☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that report	ny signati as requir	ire shall ha	eve the sa	tion 119.07(3)(i), Fiorida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if