2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am Secretary of State **DOCUMENT #** P93000062334 1. Entity Name SUNCOAST REALTY SERVICES OF SARASOTA, INC. 02-10-2002 90029 036 ***150.00 Principal Place of Business Mailing Address 100 SAND DOLLAR LANE 100 SAND DOLLAR LANE SARASOTA FL 34242 SARASOTA FL 34242 3. Mailing Address 2. Principal Place of Business 5596 ASHTOWLAKE DR ASHTON LAKE DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0439904 SARASOTA ARASOTA Not Applicable COUNTRY SARASOUTA \$8.75 Additional 34231 5. Certificate of Status Desired Fee Required PARASOTA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, JANET O. Box Namber is Not Acceptable) 100 SAND DOLLAR LANE SARASOTA FL 34242 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TIME NAME 5596 ASHTON LAKEDAINE SARASOTA, PL 34231 NAME SMITH, JANET STREET ADDRESS 100 SAND DOLLAR LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE VP NAME NAME SMITH, ROBERT L STREET ADDRESS STREET ADDRESS 100 SAND DOLLER LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

TANKET E COTAMET SMITH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED