

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90511 022 ***150.00

0517822 AV

DOCUMENT # P97000038410



1. Entity Name
SUNCOAST R.V. & MARINE, INC.

Principal Place of Business
**16115 SAN CARLOS BLVD.
FORT MYERS FL 33908**

Mailing Address
**16115 SAN CARLOS BLVD.
FORT MYERS FL 33908**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0747742**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ILER, MICHAEL R
16115 SAN CARLOS BLVD.
FORT MYERS FL 33908**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT <input type="checkbox"/> Delete
NAME	ILER, MICHAEL R
STREET ADDRESS	16115 SAN CARLOS BLVD.
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	VPS <input checked="" type="checkbox"/> Delete
NAME	ILER, FRANCES K
STREET ADDRESS	16115 SAN CARLOS BLVD.
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	VPS <input type="checkbox"/> Delete
NAME	ILER-LANGE, CYNTHIA
STREET ADDRESS	1521 BRIARSON DRIVE
CITY-ST-ZIP	SAGINAW MI 48603
TITLE (D)	<input type="checkbox"/> Delete
NAME	Iler-Cady, Sheryl
STREET ADDRESS	2547 Tulip Street
CITY-ST-ZIP	Sarasota, FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date Daytime Phone #

CR2E034 (10/02)