

P98000067398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

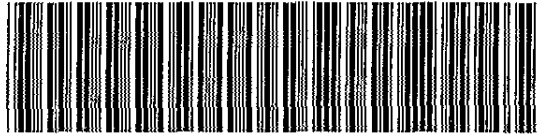
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400025620784

12/22/03--01004--001 **35.00

FILED
03 DEC 19 PM 12:35
CLERK OF COURT
TALLAHASSEE, FLORIDA

RA Resign
MAD 12/22

TRANSMITTAL LETTER

December 18, 2003

TO: Amendment Section
Division of Corporations

SUBJECT: SUNCOAST PLASTICS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P98000067398

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert J. Stopka, III
(Name of Person)

Albert J. Stopka, III, P.A.
(Name of Firm/Company)

108 Mosley Drive
(Address)

Lynn Haven, FL 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Albert J. Stopka, III at (850 785-6600)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

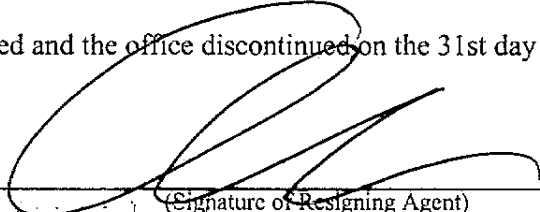
Florida Statutes, the undersigned, Albert J. Stopka, III
(Name of Registered Agent)

hereby resigns as Registered Agent for Suncoast Plastics, Inc.
(Name of Corporation)

P98000067398
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)
Albert J. Stopka, III

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 DEC 19 PM 12:35

FILED