

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90115 043 ***150.00

DOCUMENT # P98000093610

1. Entity Name

SUNTECH COMMUNITIES, INC.

Principal Place of Business

Mailing Address

2519 PINE COVE LANE
CLEARWATER FL 33761

2519 PINE COVE LANE
CLEARWATER FL 33761-2568

00012608

2. Principal Place of Business

8109 S.R. 54

Suite, Apt. #, etc.

3. Mailing Address

8109 S.R. 54

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3551177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

LOPEZ, WILLIAM
2519 PINE COVE LANE
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

LOPEZ, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)

8109 S.R. 54

City

NEW PORT RICHEY, FL

Zip Code

34653

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME ORSI, DEBORAH E
STREET ADDRESS 3001 TANGLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VD ☐ Delete
NAME ORSI, JULIE A
STREET ADDRESS 3001 TANGLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ST ☐ Delete
NAME ORSI, MICHELLE L
STREET ADDRESS 3001 TANGLEWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33761

TITLE PD ☐ Delete
NAME LOPEZ, WILLIAM
STREET ADDRESS 2519 PINE COVE LANE
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME LOPEZ, WILLIAM
STREET ADDRESS 8109 S.R. 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

727-375-5816

Daytime Phone #