

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55428

1. Entity Name
SUNCOAST BLINDS & TINTING, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90034 008 ***150.00

Principal Place of Business

**4450 BONITA BEACH RD
STE 121
BONITA SPRGS FL 34134
US**

Mailing Address

**4450 BONITA BEACH RD
STE 121
BONITA SPRGS FL 34134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0346137**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROTTEAU, GENE
4450 BONITA BEACH RD
#121
BONITA SPRGS FL 34134**

change address to

Name

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

**27595 IMPERIAL RIVER RD
BONITA SPRINGS**

City

FL

Zip Code

34134

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROTTEAU, GENE 4450 BONITA BEACH RD, #121 BONITA SPRGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES BEN CROTTEAU 27595 IMPERIAL RIVER RD BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: **GENE CROTTEAU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)