## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000071294

Apr 20, 2000 8:00 am Secretary of State 1. Entity Name SUNCOAST MAINTENANCE MANAGEMENT CO. 04-20-2000 90108 026 \*\*\*150.00 Principal Place of Business Mailing Address 2441 SADDLEWOOD LANE 2441 SADDLEWOOD LANE And the second PALM HAPPOR FL 34685 PALM-HARSOR-FL 34685-2534 UUU33715 \*\*\*\*\*\* US US 2. Principal Place of Business 3. Mailing Address , ; Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3398248 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NYHUS, RUDELL Street Address (P.O. Box Number is Not Acceptable) 2441 SADDLEWOOD LANE PALM HARBOR FL 34685 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ☐ Delete Addition TITLE TITLE NYHUS, RUDELL NAME NAME STREET ADDRESS 2441 SADDLEWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PALM HARBOR FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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-ZIF Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZIP

i3. 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 er truster apowered 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 exprowered. of the corporation or the receiver or trustee changed, or on an attachment with an addres

FILED