

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90029 036 \*\*\*150.00

**DOCUMENT # P93000062334**  
 1. Entity Name  
**SUNCOAST REALTY SERVICES OF SARASOTA, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>100 SAND DOLLAR LANE<br>SARASOTA FL 34242<br>US | Mailing Address<br>100 SAND DOLLAR LANE<br>SARASOTA FL 34242<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>5596 ASHTON LAKE DR</b> | 3. Mailing Address<br><b>5596 ASHTON LAKE DR</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

|                                 |                                 |                                    |  |
|---------------------------------|---------------------------------|------------------------------------|--|
| City & State<br><b>SARASOTA</b> | City & State<br><b>SARASOTA</b> | 4. FEI Number<br><b>65-0439904</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>34231</b>             | Country<br><b>SARASOTA</b>      | Zip<br><b>34231</b>                | Country<br><b>SARASOTA</b>                             |

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

**6. Name and Address of Current Registered Agent**

**SMITH, JANET**  
 100 SAND DOLLAR LANE  
 SARASOTA FL 34242

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5596 ASHTON LAKE DRIVE**

City **SARASOTA** FL Zip Code **34231**

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 \_\_\_\_\_ (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, 2002 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<br><b>D</b>                             | <input type="checkbox"/> Delete |
| NAME<br><b>SMITH, JANET</b>                   |                                 |
| STREET ADDRESS<br><b>100 SAND DOLLAR LANE</b> |                                 |
| CITY-ST-ZIP<br><b>SARASOTA FL</b>             |                                 |
| TITLE<br><b>VP</b>                            | <input type="checkbox"/> Delete |
| NAME<br><b>SMITH, ROBERT L</b>                |                                 |
| STREET ADDRESS<br><b>100 SAND DOLLER LANE</b> |                                 |
| CITY-ST-ZIP<br><b>SARASOTA FL 34242</b>       |                                 |
| 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"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |
| STREET ADDRESS<br><b>5596 ASHTON LAKE DRIVE</b>       |  |
| CITY-ST-ZIP<br><b>SARASOTA, FL 34231</b>              |  |
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |
| STREET ADDRESS<br><b>5596 ASHTON LAKE DRIVE</b>       |  |
| CITY-ST-ZIP<br><b>SARASOTA, FL 34231</b>              |  |
| 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   |  |

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:** Janet Smith **JANET SMITH** **1/12/02** **(941) 929-1956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)