

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 200081

1. Entity Name

SUNCOAST TOWERS, INCORPORATED

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90068 038 ***150.00

Principal Place of Business

Mailing Address

**841 FORTH AVE N.
 ST. PETERSBURG FL 33701**

**146 2 ST N
 103
 ST PETERSBURG FL 33701-3361
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0799396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANG, NICHOLAS F
 520 4 ST N
 200
 ST PETERSBURG FL 33701**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	SYVANEN, PAT	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETE FL 33701	
TITLE	P	<input type="checkbox"/> Delete
NAME	SENECHAL, ROMUALD	
STREET ADDRESS	841 4 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SYVANON, BOB	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWERS, BRIAN	
STREET ADDRESS	841 4 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VACHON, LEONARD	
STREET ADDRESS	841 4 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE:

[Handwritten Signature]

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 727-895-778

 Date Daytime Phone #

CR2E034 19/99