

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

0356004

**DOCUMENT # 200081**

1. Entity Name

**SUNCOAST TOWERS, INCORPORATED**

05-10-2001 90126 040 \*\*\*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  
 US

**761511**



DO NOT WRITE IN THIS SPACE

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

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

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

Name

*Scott Brainard, P.A.*

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

*5999 Central Ave, Ste 202*

City

*St. Petersburg*

**FL**

Zip Code

*33710*

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SYVANEN, PAT</b>	
STREET ADDRESS	<b>841 4TH AVE N</b>	
CITY-ST-ZIP	<b>ST PETE FL 33701</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SENECHAL, ROMUALD</b>	
STREET ADDRESS	<b>841 4 AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33701</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SYVANON, BOB</b>	
STREET ADDRESS	<b>841 4TH AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33701</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>POWERS, BRIAN</b>	
STREET ADDRESS	<b>841 4 AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VACHON, LEONARD</b>	
STREET ADDRESS	<b>841 4 AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
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		
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TITLE	<b>T</b>	<input checked="" 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: *x [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/01*

Date

*727-895-7775*

Daytime Phone #

CR2E034 (10/00)