

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 353084**

1. Entity Name

SUNCOAST FIBERGLASS PRODUCTS, INC.

Principal Place of Business

**2880 PALM BEACH BOULEVARD
FORT MYERS FL 33916**

Mailing Address

**2880 PALM BEACH BOULEVARD
FORT MYERS FL 33916**

2. Principal Place of Business

2880 PALM BEACH BOULEVARD

3. Mailing Address

2880 PALM BEACH BOULEVARDSuite, Apt. #, etc.
N/A

Suite, Apt. #, etc.

N/A

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33916

Country

U.S.A.

Zip

33916

Country

U.S.A.

4. FEI Number

59-1276989

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CROCKER, JEFF**2306 N.E. 17TH STREET
CAPE CORAL FL 33909**

7. Name and Address of New Registered Agent

Name **Christopher H. Norman**

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

c/o Hines Norman & Associates, P.L.**315 South Hyde Park Avenue**City **Tampa****FL**

Zip Code

33606

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.

Christopher H. Norman

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/2001

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

TITLE **PD** ☒ Delete
NAME **CROCKER, JEFF**
STREET ADDRESS **2306 N.E. 17TH STREET**
CITY-ST-ZIP **CAPE CORAL FL**TITLE **President** ☐ Delete
NAME **Glenn Emerson**
STREET ADDRESS **5010 N. COBBLIDGE AVE.**
CITY-ST-ZIP **TAMPA, FL 33614**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Director** ☐ Change ☒ Addition
NAME **Glenn Emerson**
STREET ADDRESS **5010 N. COBBLIDGE AVE.**
CITY-ST-ZIP **TAMPA, FL 33614**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN EMERSON

02/09/01 (813) 877-7591

Date

Daytime Phone #

0535481

CR2E034 (10/00)