

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90169 023 ***158.75

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2880 PALM BEACH BOULEVARD
 Suite, Apt. #, etc.
N/A

3. Mailing Address
2880 PALM BEACH BOULEVARD
 Suite, Apt. #, etc.
N/A

City & State
FORT MYERS, FLORIDA

City & State
FORT MYERS, FLORIDA

4. FEI Number
59-1276989

Applied For
 Not Applicable

Zip
33916

Country
U.S.A.

Zip
33916

Country
U.S.A.

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

6. Name and Address of Current Registered Agent
NORMAN, CHRISTOPHER H
C/O HINES NORMAN & ASSOCIATES, P.L.
5010 NORTH COOLIDGE AVENUE
TAMPA FL 33614

7. Name and Address of New Registered Agent
 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMERSON, GLENN 5010 N. COOLIDGE AVE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMERSON, JOHN 5010 N. COOLIDGE AVENUE TAMPA FLORIDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT EMERSON, JOHN 5010 N. COOLIDGE AVENUE TAMPA, FLORIDA 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMERSON, JOHN 5010 N. COOLIDGE AVENUE TAMPA FLORIDA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PRATT, ERIC 5010 N. COOLIDGE AVENUE TAMPA, FLORIDA 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **REQUIRED**
 Signature and typed or printed name of signing officer or director
John I. Emerson Vice-Pres/Treas

Date
01/18/02

Daytime Phone #
(813) 877-7591

CR2E034 (9/01)