

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90145 009 ***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**

2. Principal Place of Business
5780 ZIP DRIVE

3. Mailing Address
5780 ZIP DRIVE

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
FORT MYERS, FLORIDA

City & State
FORT MYERS, FLORIDA

Zip Country
33905-5031 U.S.A.

Zip Country
33905-5031 U.S.A.

4. FEI Number **59-1276989**

Applied For
Not Applicable

5. Certificate of Status Desired **XXX** **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **EMERSON, GLENN**
STREET ADDRESS **5010 N. COOLIDGE AVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VDS** ☐ Delete
NAME **PRATT, ERIC**
STREET ADDRESS **5010 N COOLIDGE AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VDT** ☐ Delete
NAME **EMERSON, JOHN**
STREET ADDRESS **5010 E COOLIDGE AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *****CORRECT** ☐ Change ☐ Addition
NAME **JOHN EMERSON**
STREET ADDRESS **5010 NORTH COOLIDGE AVENUE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE:

JOHN EMERSON
VICE PRESIDENT

02/04/03.

(813) 877-7591

Date

Daytime Phone #

CR2E034 (10/02)