

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90263 025 ***150.00

0644308

DOCUMENT # 406907**1. Entity Name****SUNCOAST PAINT CENTER, INC.****Principal Place of Business****4215 US HWY 301 N.
ELLENTON FL 34222****Mailing Address****4215 US HWY 301 N.
ELLENTON FL 34222****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1416216**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BRUNSON, CHARLES F.
4215 US HWY 301 N.
ELLENTON FL 34222****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, 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**
NAME BRUNSON, CHARLES F.
STREET ADDRESS 619 MONTEZUMA DR.
CITY-ST-ZIP BRADENTON FL☐ Delete**TITLE SD**
NAME BRUNSON, MARIAN
STREET ADDRESS 619 MONTEZUMA DR.
CITY-ST-ZIP BRADENTON FL☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
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CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition**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

MARIAN E. BRUNSON**2-14-2001**

Date

(941) 722-2222

Daytime Phone #

CR2E034 (10/00)