2000 UNIFORM BUSINESS REPORT (UBR)

## **DQCUMENT # 419306**

1. Entity Name

SUNCOAST FRANCHISING CORPORATION



FILED Aug 08, 2000 8:00 am Secretary of State

08-08-2000 90094 007 \*\*\*150.00

				08-08-2000 90094 007 130.00
Principal Place	e of Business	Mailing Address		
C/O IRVIN R. SMUK 55 ROGERS ST STE 502 CLEARWATER FL 33756 US		C/O IRVIN R. SMUK 55 ROGERS ST STE 502 CLEARWATER FL 33756-5286 US		
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	DO NOT WRITE IN THIS SPACE
City & State	е	City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<del></del>	7. Name and Address of New Registered Agent
			Name	
SMUK, IRVIN R. 55 ROGERS ST STE 502		-	Street Ad	aress (P.O. Box Number is Not Acceptable)
	ARWATER FL 33756			
			City	FL Zip Code
8. The above	e named entity submits this statement for	or the purpose of changing it:	s registered office or r	registered agent, or both, in the State of Florida.
SIGNATURE .	- <u>-</u>			e required when reinstating)  DATE
	Signature, typed or printed name of registered agent	and title if applicable. (NOI	TE: Registered Agent signature	e required when reinstating)  DATE
9. This corne				_
•	pration is eligible to satisfy its Intangible		'!!! FEE IS \$150.00	
Tax filing re	requirement and elects to do so.	After MAY 1, 20	000 Fee will be \$55	Trust Fund Contribution.
Tax filing re (See criter	requirement and elects to do so.	After MAY 1, 20 Make Check Payal	000 Fee will be \$55 ble to Department	Trust Fund Contribution.
Tax filing re (See criter	requirement and elects to do so. ria on back)  OFFICERS AND	After MAY 1, 20 Make Check Payal DIRECTORS	000 Fee will be \$55 ble to Department	of State  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Tax filing re (See criter	requirement and elects to do so. ria on back)  OFFICERS AND	After MAY 1, 20 Make Check Payal	000 Fee will be \$55 ble to Department 12.	Trust Fund Contribution.
Tax filing ri (See criter 11. TITLE NAME	requirement and elects to do so. ria on back)  OFFICERS AND  PD  SMUK, IRVIN R	After MAY 1, 20 Make Check Payal DIRECTORS	000 Fee will be \$55 ble to Department 12. TITLE NAME	of State  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Tax filing m (See criter 11. TITLE NAME STREET ADDRESS	PD SMUK, IRVIN R 55 ROGERS ST STE 502	After MAY 1, 20 Make Check Payal DIRECTORS	000 Fee will be \$55 ble to Department 12. TITLE NAME STREET ADDRESS	of State  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756	Make Check Payal DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756	After MAY 1, 20 Make Check Payal DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J	Make Check Payal DIRECTORS  Delete	DOO' Fee will be \$55 ble to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  C. D. CARL 3  G. B. L.I.W., C. ARL 1340 G. W. F. B. C.Y.D. AFT G. A
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT.	Make Check Payal DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  C. D. C. ARL  3 APT G. A.  Addition
Tax filing in (See criter  11	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022	Make Check Payal DIRECTORS Delete Delete	DOO Fee will be \$55 ble to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  CARL 3  GIBLIN, CARL 3  CLEBRWATER, FL 33767
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S	Make Check Payal DIRECTORS  Delete	DOO' Fee will be \$55 ble to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  CARL 3  GIBLIN, CARL 3  CLEBRWATER, FL 33767
Tax filing in (See criter  11	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022	Make Check Payal DIRECTORS Delete Delete	DOO Fee will be \$55 ble to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  C. D. CARL 3 APT GA  CLEBRWATER, FL 33767
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Tax filing in (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S GIBLIN, MARCEDES S. 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 T	Make Check Payal DIRECTORS Delete Delete	DOO Fee will be \$55 ble to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  C. D. CARL 3 APT GA  CLEBRWATER, FL 33767
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S GIBLIN, MARCEDES S. 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 T SMUK, AMELIA M.	After MAY 1, 20 Make Check Payal DIRECTORS  Delete  Delete	DOO Fee will be \$55 ble to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  CLEAR WATER, FL 3.3767  CLEAR WATER, FL 3.3767
Tax filing or (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S GIBLIN, MARCEDES S. 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 T SMUK, AMELIA M. 55 ROGERS ST STE 502	After MAY 1, 20 Make Check Payal DIRECTORS  Delete  Delete	DOO Fee will be \$55 ble to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  CLEARWATER, FL 33767  CLEARWATER, FL 33767
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S GIBLIN, MARCEDES S. 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 T SMUK, AMELIA M.	After MAY 1, 20 Make Check Payal DIRECTORS  Delete  Delete  Delete	DOO Fee will be \$55 ble to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  C.D. Grange Addition  G. B.L.I.W., C.R.R.L. 3 Art 6 A  CLEBRWATER, FL 33767  G.B.L.I.W., MARCEBES S GChange Addition  G.B.L.I.W., MARCEBES S GChange Addition  CLEAR WATER, FL 33767  C. Change Addition
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S GIBLIN, MARCEDES S. 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 T SMUK, AMELIA M. 55 ROGERS ST STE 502	After MAY 1, 20 Make Check Payal DIRECTORS  Delete  Delete	DOO Fee will be \$55 ble to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  CLEARWATER, FL 33767  CLEARWATER, FL 33767
Tax filing or (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD SMUK, IRVIN R 55 ROGERS ST STE 502 CLEARWATER FL 33756 CD GIBLIN, CARL J 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 S GIBLIN, MARCEDES S. 322 OVERLOOK BROOK CT. CHAGRIN FALLS OH 44022 T SMUK, AMELIA M. 55 ROGERS ST STE 502	After MAY 1, 20 Make Check Payal DIRECTORS  Delete  Delete  Delete	DOO Fee will be \$55 ble to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  C.D. Grulf Blyd Aft 6 A  CLEBRWATER, FL 33767  CIBLIN, MARCENES S Ghange Addition  CLEAR WATER, FL 33767  Change Addition  Change 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:

Some R Smuk

4/12/2000

727-446.333

Daytime Phone #

TACHED CHECK FOR