

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 419306

1. Entity Name

SUNCOAST FRANCHISING CORPORATION



FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90094 007 ***150.00

Principal Place 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

00011001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMUK, IRVIN R.
55 ROGERS ST STE 502
CLEARWATER FL 33756

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SMUK, IRVIN R	
STREET ADDRESS	55 ROGERS ST STE 502	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GIBLIN, CARL J	
STREET ADDRESS	322 OVERLOOK BROOK CT.	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIBLIN, MARCEDES S.	
STREET ADDRESS	322 OVERLOOK BROOK CT.	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMUK, AMELIA M.	
STREET ADDRESS	55 ROGERS ST STE 502	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBLIN, CARL J	
STREET ADDRESS	1340 GULF BLVD APT 6A	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBLIN, MARCEDES S	
STREET ADDRESS	1340 GULF BLVD APT 6A	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

IRVIN R. SMUK

4/12/2000

727-446-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHED CHECK ~~XXXXXXXXXX~~

CR2E034 (9/99)