

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 432391

1. Entity Name  
SUNCOAST OIL COMPANY OF FLORIDAPrincipal Place of Business  
3355-A NINTH AVENUE NORTH  
PO BOX 13095  
ST. PETERSBURG FL 33733Mailing Address  
3355-A NINTH AVENUE NORTH  
PO BOX 13095  
ST. PETERSBURG FL 33733

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1477789

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

DUNN, STEVEN M  
3355-A NINTH AVENUE NORTH  
ST. PETERSBURG FL 33713

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 State10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

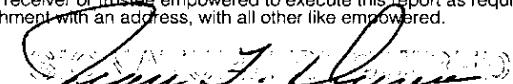
## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD  
NAME DUNN, JEAN F  
STREET ADDRESS 4908 61ST AVE. SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE DPS  
NAME DUNN, STEVEN M  
STREET ADDRESS 4545 DOLPHIN CAY LN SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE D  
NAME DUNN, LYNDY S  
STREET ADDRESS 4780 DOLPHIN CAY LN. SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
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

JEAN F. DUNN

4/8/02 (727) 323-1511

Date

Daytime Phone #

B0068435



DO NOT WRITE IN THIS SPACE