

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

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| DOCUMENT # 517293 1. Entity Name SUNCOAST ECOLOGICAL ENTERPRISES, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 18323 SUNSET BLVD REDINGTON SHORES FL 33708 US | | Mailing Address 18323 SUNSET BLVD REDINGTON SHORES FL 33708 US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 59-1697387 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent RINGELSPAUGH, KEITH A. 3347 49TH ST N SAINT PETERSBURG FL 33710 </div> <div> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (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. <input type="checkbox"/> (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 State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex;"> <div style="flex: 1;"> 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> PD HEATH, RALPH T., JR. 18328 GULF BLVD. INDIAN SHORES FL </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td> SD RINGELSPAUGH, KEITH A. 3347 49TH ST N ST PETERSBURG FL 33710 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="flex: 1;"> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td>TITLE</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> </table> </div> </div> | | | | TITLE | PD HEATH, RALPH T., JR. 18328 GULF BLVD. INDIAN SHORES FL | <input type="checkbox"/> Delete | TITLE | SD RINGELSPAUGH, KEITH A. 3347 49TH ST N ST PETERSBURG FL 33710 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | | TITLE | | TITLE | | TITLE | | TITLE | |
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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: <u>Keith A. Ringelspaugh</u> <div style="float: right;"> 3/20/2002 727-525-4958 Date Daytime Phone # </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E034 (9/01)