

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607484

1. Entity Name

SUNCOAST CARPENTRY SERVICES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90045 030 ***150.00

Principal Place of Business

8345 CORPORATE WAY
NEW PT. RICHEY FL 34653
US

Mailing Address

8345 CORPORATE WAY
NEW PT. RICHEY FL 34653-3101
US

2. Principal Place of Business

8345 Corporate Way
Suite, Apt. #, etc.
New Port Richey, FL.
City & State

3. Mailing Address

same
Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1878786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATE, DIANE L.
8310 TANGLEWOOD DRIVE
NEW PORT RICHEY FL 34654

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

Diane L. Pate *Diane L. Pate, Sec'y, Treas.*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

3/20/2000

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

TITLE	PVD	<input type="checkbox"/> Delete
NAME	PATE, RICHARD A. SR.	
STREET ADDRESS	8310 TANGLEWOOD DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PATE, DIANE	
STREET ADDRESS	8310 TANGLEWOOD DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Diane L. Pate *Diane L. Pate Sec'y, Treas.* *3/20/2000 847-6327*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)