

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90107 023 ***150.00

DOCUMENT # 654611

1. Entity Name
SUNCOAST WINDOW TREATMENTS, INC.

Principal Place of Business

**14105 MCCORMICK DR.
TAMPA FL 33626-3019**

Mailing Address

**14105 MCCORMICK DR.
TAMPA FL 33626-3019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1967839**

Applied For

Not Applicable

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

**CONFORTI, MICHEAL J.
14105 MCCORMICK DRIVE
TAMPA FL 33626**

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 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 **P** ☐ Delete
NAME **CONFORTI, MICHAEL J**
STREET ADDRESS **224 MIDWAY ISLAND**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
NAME **CONFORTI, MICHAEL J.**
STREET ADDRESS **224 MIDWAY ISLAND**
CITY-ST-ZIP **CLEARWATER, FL. 33767**

TITLE **ST** ☐ Delete
NAME **CONFORTI, ROSE ANN**
STREET ADDRESS **224 MIDWAY ISLAND**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
NAME **CONFORTI, ROSE ANN**
STREET ADDRESS **224 MIDWAY ISLAND**
CITY-ST-ZIP **CLEARWATER, FL. 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CONFORTI, MICHAEL**
STREET ADDRESS **1137 HAGEN DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. SCOTT CONFORTI**
STREET ADDRESS **7033 FALL BROOK COURT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. STEVEN CONFORTI**
STREET ADDRESS **4022 EXECUTIVE DR.**
CITY-ST-ZIP **PALM HARBOR, FL. 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Rose Ann Conforti **ROSE ANN CONFORTI** 4/23/02 813-855-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)