

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727600

1. Entity Name

SUNCOAST REEF ROWDIES, INC.

Principal Place of Business

PO BOX 411
PINELLAS PARK FL 33564-0411

Mailing Address

1997 MICHIGAN AVE NE
ST. PETERSBURG FL 33703
US

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

23-7278984

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

SMITH, SONIA M
1997 MICHIGAN AVE NE
ST. PETERSBURG FL 33703

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SIGMON, ERNEST
STREET ADDRESS 7863 91ST STREET NORTH
CITY-ST-ZIP LARGO FL 33777 ☒ Delete

TITLE PD
NAME SMITH, LORI
STREET ADDRESS 636 41ST AVE. N.E.
CITY-ST-ZIP ST. Petersburg, FL 33703 ☐ Change ☒ Addition

TITLE VD
NAME SMITH, LORI
STREET ADDRESS 636 41ST AVENUE NORTHEAST
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☒ Delete

TITLE VD
NAME HOWE, MARY ANN
STREET ADDRESS 279 NAUTILUS WAY
CITY-ST-ZIP TREASURE ISLE, FL 33706 ☐ Change ☒ Addition

TITLE TD
NAME SMITH, SONIA M
STREET ADDRESS 1997 MICHIGAN AVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FREDETTE, PATRICIA
STREET ADDRESS 9263 140TH WAY
CITY-ST-ZIP SEMINOLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonia M Smith 1/14/02 727-522-8276



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)