

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0081370

**DOCUMENT # 754789**

1. Entity Name

**SUNCOAST INTERNATIONAL ADOPTIONS, INC.**

04-07-2002 90064 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12651 WALSINGHAM RD  
 LARGO FL 33774  
 US

P. O. BOX 332  
 INDIAN ROCKS BCH. FL 33785  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2039325**

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

**PEARCE, JANE A**  
**2336 SETON LN**  
**LARGO FL 33774**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEARCE, JANE</b>	
STREET ADDRESS	<b>2336 SETON LANE</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VISNAGE, VALERIE</b>	
STREET ADDRESS	<b>14026 YACHT CLUB BLVD</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PAPAGEORGE, VICKI</b>	
STREET ADDRESS	<b>1603 INDIAN ROCKS RD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PEARCE, STEPHANIE J</b>	
STREET ADDRESS	<b>2336 SETON LANE SOUTH</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PEARCE, RICHARD</b>	
STREET ADDRESS	<b>12525 WALSINGHAM RD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *JANE A PEARCE* **JANE A PEARCE, DIRECTOR** 3/28/02 596-3135  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)