2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State **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 P. O. BOX 332 LARGO FL 33774 INDIAN ROCKS BCH. FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2039325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PEARCE, JANE A 2336 SETON LN **LARGO FL 33774** 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEARCE, JANE NAME NAME STREET ADDRESS 2336 SETON LANE STREET ADDRESS CITY-ST-ZIP Largo FL CITY-ST-ZIP PÖ TITLE ☐ Delete TITLE ☐ Change ☐ Addition visnage, valerie NAME NAME 14026 YACHT CLUB BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP Seminole fl CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition Papageorge, Vicki NAME NAME 1603 INDIAN ROCKS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change PEARCE, STEPHANIE J NAME 2336 SETON LANE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PEARCE, RICHARD NAME NAME STREET ADDRESS 12525 WALSINGHAM RD STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/28/02 596-3135