

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47870

1. Entity Name
SUN COAST PROMOTIONS ADVERTISING SPECIALTIES, IN

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90141 045 ***150.00

Principal Place of Business
2784 SUMMERDALE DRIVE NORTH
CLEARWATER FL 33761

Mailing Address
2784 SUMMERDALE DRIVE NORTH
CLEARWATER FL 33761

2. Principal Place of Business
4411 BEE RIDGE RD
Suite, Apt. #, etc.
299

3. Mailing Address
4411 BEE RIDGE RD
Suite, Apt. #, etc.
299

City & State
SARASOTA FL
Zip
34233

City & State
SARASOTA FL
Zip
34233

4. FEI Number 59-2191459

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEENEY, JOHN E
2784 SUMMERDALE DRIVE NORTH
71 NORTH CANAL DRIVE
CLEARWATER FL 34684

Name
Street Address (P.O. Box Number is Not Acceptable)
3243 DICK WILSON DR
City SARASOTA FL Zip Code 34240

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

John E Sweeney

1/16/01

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, 2001 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
NAME PD
STREET ADDRESS SWEENEY, JOHN E
CITY-ST-ZIP 2784 SUMMERDALE DRIVE NORTH
CLEARWATER FL 34621 ☐ Delete

TITLE
NAME PD
STREET ADDRESS SWEENEY, JOHN E
CITY-ST-ZIP 3243 DICK WILSON DR
SARASOTA FL 34240 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)