

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90522 024 ***158.75

DOCUMENT # G13865

1. Entity Name
SUN COAST BUILDERS G. C., INC.



Principal Place of Business
**1315 SE CORAL REEF ST
PORT ST. LUCIE FL 34983
US**

Mailing Address
**1315 SE CORAL REEF ST
PORT ST. LUCIE FL 34983
US**

11018089



2. Principal Place of Business
5932 NW CAREFREE ST

3. Mailing Address
5932 NW CAREFREE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number
59-2241259

Applied For
Not Applicable

Zip
34986

Country
ST LUCIE

Zip
34986

Country
ST LUCIE

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

**EPRIFANIA, ANTHONY
1315 SE CORAL REEF ST
PORT ST. LUCIE FL 34983**

Name
EPRIFANIA ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
**5932 NW CAREFREE ST
PORT ST LUCIE
FL Zip Code 34986**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony Eprifania*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
EPRIFANIA, ANTHONY (CHRM)
1315 CORAL REEF ST
PORT ST. LUCIE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
EPRIFANIA, ANTHONY CHRM
5932 NW CAREFREE ST
PORT ST LUCIE FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
EPRIFANIA, MARY ANN
1315 SE CORAL REEF ST
PORT ST. LUCIE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
EPRIFANIA MARY ANN
5932 NW CAREFREE ST
PORT ST LUCIE FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ 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 607, 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:

Anthony Eprifania
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

878-2882

CR2E034 (10/02)