

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G14055

1. Entity Name
SUNCOAST DESIGNER HOMES, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90082 027 ***150.00

Principal Place of Business

9953 INDIAN KEY KEY TRAIL
SEMINOLE FL 33776
US

Mailing Address

P.O. BOX 8505
MADEIRA BEACH FL 33738
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 59-2251730

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

LEVESQUE, ROBERT A
904 BAY POINT DR
MADEIRA BEACH FL 33708

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 _____ (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 P
NAME LEVESQUE, ROBERT A. *New*
STREET ADDRESS 480-137TH AVE. CIRCLE *address*
CITY-ST-ZIP MADEIRA BEACH FL

TITLE *Pres*
NAME *Levesque Robert A*
STREET ADDRESS *904 Bay Point Dr*
CITY-ST-ZIP *Madira Beach Fla 33708*

TITLE V
NAME LEVESQUE, ROBERT C.
STREET ADDRESS 7621-75 AVE. NO.
CITY-ST-ZIP PINELLAS PARK FL

TITLE
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STREET ADDRESS
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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: *Robert A. Levesque*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/01 727
595-1544
Date Daytime Phone #

CR2E034 (10/00)