

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90123 015 ***150.00

DOCUMENT # G19047

1. Entity Name
SUNCOAST SECURITY, INC. OF LARGO

Principal Place of Business 1931 WEST BAY DR #B LARGO FL 33770 US	Mailing Address 1931 WEST BAY DR #B LARGO FL 33770 US
---	---



2. Principal Place of Business 1931 WEST BAY DR.	3. Mailing Address 1931 WEST BAY DR.
--	--

Suite, Apt. #, etc. # B	Suite, Apt. #, etc. # B
City & State	City & State

DO NOT WRITE IN THIS SPACE

Correct # 59-2409741

4. FEI Number PLS. 50-2049741 CORRECT	Applied For <input type="checkbox"/> Not Applicable
--	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC CANN, WILLIAM F
1460 GULF BLVD
CLW FL 34630

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PSD	MCCANN, WILLIAM FRANCIS		
1460 GULF BLVD.			
CLEARWATER FL			
VTD	MCCANN, PATRICIA ANN		
1460 GULF BLVD.			
CLEARWATER FL			

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: *x William F. McCann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/20/02 (727) 585-2859
Date Daytime Phone #

CR2E034 (9/01)