2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93992 1. Entity Name					FILED Feb 11, 2000 8:00 am					
SUNCOA	AST PRINTING, INC.				Se	ecretary 2-11-2000 9001	of S	tat	e	
Principal Plac	e of Business	Mailing Address		7						
6840-A COMMERCE AVE PORT RICHEY FL 34668 US		6840-A COMMERCE AVE PORT RICHEY FL 34668-6816 US			{ 1867(() 22 (1		4 8 1822 B1831 8 181 1	Diāli aisi	ı 8(8)) (88)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPAC	E		
City & State		City & State		4.	FEI Number	59-2412989		—	plied For t Applicable	
Zip	Country	Zip	Country	5.	Certificate of	Status Desired		75 Add Required		
	6. Name and Address of Current I		Name	7. 1	Name and A	ddress of New Regi	stered Agen			
6840	ves, roger L. 1-a commerce ave		Street Address	eet Address (P.O. Box Number is Not Acceptable)						
POR	T RICHEY FL 34668							_		
			City				FL Z	ip Code	9	
	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible	FILE NOW!!!	egistered Agent signature requi			on Campaign Financ	DATE	\$5.00		
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Make Check Payable	Fee will be \$550.00 to Department of S		1	Fund Contribution.			to Fees	
11.	OFFICERS AND I		12.	ΑĽ	DITIONS/CH	ANGES TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, ROGER L. 3004 BRADFORD CIRCLE PALM HARBOR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAVES, KAREN K. 3004 BRADFORD CIRCLE PALM HARBOR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS • CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS =	بنكامي) <u> </u>	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				Change	^	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			Change		
TITLE NAME	un in 1990 projektion na G	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· tur	1 1%.	t to Car Car		Change	D.A.I.T.	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my s wered to execute this report as	signature shall have the	e same	legal effect a	s if made under oath	n: that I am an	officer (or director	

SIGNATURE: Kaun K Whave KAREN K. GRAVES 2/7/00 7278429443

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylims Phone #