2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2002 8:00 am Secretary of State DOCUMENT # G93992 1. Entity Name SUNCOAST PRINTING, INC. 02-14-2002 90071 033 ***150.00 Principal Place of Business Mailing Address 6840-A COMMERCE AVE 6840-A COMMERCE AVE PORT RICHEY FL 34668 PORT RICHEY FL 34668 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2412989 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAVES, ROGER L. Street Address (P.O. Box Number is Not Acceptable) 6840-A COMMERCE AVE PORT RICHEY FL 34668 City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD TITLE ☐ Addition ☐ Delete NAME GRAVES, ROGER L. NAME STREET ADDRESS 3004 BRADFORD CIRCLE STREET ADDRESS CITY-ST-7IP PALM HARBOR FL CITY-ST-ZIP Delete TITLE Change ☐ Addition GRAVES, KAREN K. NAME STREET ADDRESS 3004 BRADFORD CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Detete Change --- [3] Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EXPAREN K. GRAVES 1/28/02-727-842984