

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H28758**

1. Entity Name  
**SUNCOAST BALLROOM, INCORPORATED**



**FILED  
Feb 21, 2003 8:00 am  
Secretary of State**

02-21-2003 90846 041 \*\*\*150.00

70017030



CHECK HERE IF MAKING CHANGES

Principal Place of Business 7500 ULMERTON ROAD SUITE 7-8-9 LARGO FL 34641 US	Mailing Address 7500 ULMERTON ROAD SUITE 7-8-9 LARGO FL 34641 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

4. FEI Number <b>59-2467407</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DOS SANTOS, MANUEL A. 7500 ULMERTON ROAD 21-F LARGO FL 33771</b>	7. Name and Address of New Registered Agent  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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete <b>PD DOS SANTOS, MANUEL 7360 ULMERTON ROAD, 21-F LARGO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Manuel A. Santos, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 17, 03 (727) 535-1893**

Date

Daytime Phone #

CR2E034 (10/02)