

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55712

1. Entity Name

SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS O

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90102 037 \*\*\*150.00

Principal Place of Business

Mailing Address

6044 N TALLAHASSEE RD  
P.O. BOX 1150  
CRYSTAL RIVER FL 32629  
US

3790 N. HIGHWAY 441  
P.O. BOX 1150  
OCALA FL 34478-1150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2520760

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

COTTEN, PATSY J.  
3790 N. HIGHWAY 441  
OCALA FL 32675

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34475

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)

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, 2000 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
GOOCH, DAVID B  
247 NE 44TH AVE  
OCALA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
GOOCH, STEPHEN N  
29 ALMOND WAY  
OCALA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BUGBEE, DAVID  
6044 TALLAHASSEE ROAD  
CRYSTAL RIVER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
COTTEN, PATSY J  
1607 S.E. 18TH AVE.  
OCALA FL 34478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: Patsy J. Cotten PATSY J. COTTEN 4-20-2000 352-629-8157  
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)