

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J78073

1. Entity Name

SUN COAST STAFFING, INC.

R

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90015 014 ***150.00

Principal Place of Business

4350 WEST CYPRESS ST.
STE. #101
TAMPA FL 36360-7
US

Mailing Address

4350 WEST CYPRESS ST.
STE. #101
TAMPA FL 36360-7
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2859184

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

BURDEN, BRIAN A ESQ
215 W VERNE ST
STE D
TAMPA FL 33606

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CD
NAME ENTIN, GEORGE D.
STREET ADDRESS 5203 BAYSHORE BLVD. #4
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME ENTIN, SCOTT J
STREET ADDRESS 5203 BAYSHORE BLVD #4
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME SIMERLY, JULIAN C JR
STREET ADDRESS 16120 S.W. 76TH AVE.
CITY-ST-ZIP SOUTH MIAMI FL 33157 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(U) (P) (F) (C)

A00671325



June 7th, 2000


Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Recently it has been brought to my attention that we did not receive our Uniform Business Report Filing Forms. I called the Division of Corporations and they stated that we could order them online. We did so and also received the second notice in the mail. I decided to use the second notice since all of the information was already on them. I was also informed that we would not be responsible for the late filing fee. We were to attach a letter and the fee would be waived. That is why the amount is for \$150.00 instead of \$550.00

If you have any questions, you can reach me at 813-875-3511.

Thank you,



Teri Hunter
Accountant

TAMPA

• 2014 •

MIAMI

ANSWERS