

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000959**

1. Entity Name

SUS HOLDINGS, LLC

Principal Place of Business

~~309 NESBIT STREET
PUNTA GORDA FL 33950~~

Mailing Address

~~309 NESBIT STREET
PUNTA GORDA FL 33950~~

2. Principal Place of Business

5001 ALMAR DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5001 ALMAR DRIVE

Suite, Apt. #, etc.

City & State
PUNTA GORDA FL

City & State
PUNTA GORDA FL

Zip
33950

Country
US

Zip
33950

Country
US

4. FEI Number

65-0979450

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILKES, JOHN P ESQ.
901 SOUTH FEDERAL HWY. SUITE 101
FT. LAUDERDALE FL 33316**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GULF COAST CONSULTING ENTERPRISES, INC.
309 NESBIT ST.
PUNTA GORDA FL 33950**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GULF COAST CONSULTING ENTERPRISES INC
5001 ALMAR DRIVE
PUNTA GORDA FL 33950**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-18-02 94 6276682

Date

Daytime Phone #

CP2E083 (9/01)