

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90571 047 ****50.00

DOCUMENT # L00000006576

1. Entity Name
SUNCOAST U.R., L.L.C.



Principal Place of Business
**2901 ST. ISABEL ST., STE. E
TAMPA FL 33607**

Mailing Address
**2901 ST. ISABEL ST., STE. E
TAMPA FL 33607**

Notice change of address ↓

2. Principal Place of Business

3111 W. Martin Luther King Jr. Blvd

Suite, Apt. #, etc.

Suite 100

3. Mailing Address

Suite, Apt. #, etc.

(Same)

City & State

Tampa FL

City & State

Zip

33607

Country

Country

4. FEI Number **59-3653931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN'S ESQ
1245 COURT ST
SUITE 102
CLEARWATER FL 33756**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **MARTINEZ, ARLENE M**
STREET ADDRESS **2603 WEST TYSON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

☐ Delete

10.

ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: *Arleen Martinez*

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

Date

Daytime Phone #

01-08-03 **813-350-7851**
813-810-4632

0034065

CR2E083 (10/02)