

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L00156

1. Entity Name
SUN COAST DETECTIVE AGENCY, INC.



FILED

07 OCT 23 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
22373 STILLWOOD DRIVE
LAND O'LAKES, FL 34639 US

Mailing Address
POST OFFICE BOX 2349
LAND O'LAKES, FL 34639 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2955199

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLLINS, ANNE MARIE
22373 STILLWOOD DRIVE
LAND O'LAKES, FL 34639

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 \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLLINS, ANNE MARIE
22373 STILLWOOD DRIVE
LAND O'LAKES, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

1001 N 12393 11
10/23/07--01057--019 **750.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

SEC
HARTZNER, CHARLES SEC
17008 MELBA LN.
LUTZ, FL 33549

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

A.M. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/07

Date

Daytime Phone #

RECEIVED OCT 23 2007