## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000016741

Name:

Address:

City-St-Zip:

CALI, CARMEN S

NAPLES, FL 34116

5751 COPPER LEAF LANE

Entity Name: SUNCOAST VENTURE GROUP, LC

FILED Apr 23, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 292 STEBBINS TERRACE PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 292 STEBBINS TERRACE PORT CHARLOTTE, FL 33952 **FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OAKS, DAVID K ESQ. OAKS, DAVID K ESQ. 407 EÁST MARION AVENUE, SUITE 101 407 EÁST MARION AVENUE, SUITE 101 PUNTA GORDA, FL PUNTA GORDA, FL 33950 US 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: DAVID K. OAKS 04/23/2003 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete CONWAY, CLINT Name: Name: 292 STEBBINS TERRACE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: CALI, CARMEN S Name: Address: 5751 COPPER LEAF LANE Address: City-St-Zip: NAPLES, FL 33433 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CALI, JOSEPH A Name: Name: 23106 OXFORD PLACE APT A Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARMEN SAMUEL CALI MGR 04/23/2003