2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90005 025 ***150.00

U53921 AV

DOCUMENT # L34250

1. Entity Name
SUNCOAST BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
4154 US 19 NEW PORT RICHEY FL 34652	4154 US 19 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

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 59-2980678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ALICE
8601 GUM TREE AVE.
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name ALICE JOHNSON
Street Address (P.O. Box Number is Not Acceptable) 5428 PASADENA DRIVE
City NEW PORT RICHEY FL Zip Code 34652

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 Alice E. Johnson ALICE JOHNSON
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 $150.00
After May 1, 2002 Fee will be $550.00
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	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	JOHNSON JR., LARRY		NAME	JOHNSON JR., LARRY	
STREET ADDRESS	8601 GUM TREE AVENUE		STREET ADDRESS	5428 PASADENA DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VSTD	☐ Delete	TITLE	VSTD	☐ Change ☐ Addition
NAME	JOHNSON, ALICE		NAME	JOHNSON, ALICE	
STREET ADDRESS	8601 GUM TREE AVENUE		STREET ADDRESS	5428 PASADENA DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: Alice E. Johnson REQUIRED ALICE E. JOHNSON 4/15/02 727-844-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #