

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90001 003 \*\*\*150.00  
 08-02-2000 90148 021 \*\*\*400.00

**DOCUMENT # L77530**

1. Entity Name  
**SUNCOAST INVENTORY SYSTEMS, INC.**

Principal Place of Business

2115 HIBISCUS ST  
 SARASOTA FL 34239  
 US

Mailing Address

2115 HIBISCUS ST  
 SARASOTA FL 34239-3920  
 US

2. Principal Place of Business

**2015 Cattleman Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**2015 Cattleman Dr**  
 Suite, Apt. #, etc.

City & State

**Brandon FL**

City & State

**Brandon, FL**

4. FEI Number

**65-0203800**

Applied For

Not Applicable

Zip

Country

**33511**

**USA**

Zip

Country

**33511**

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODALL, JUDD W**  
 2115 HIBISCUS ST  
 SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name **GOODALL, JUDD W**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2015 Cattleman Dr**  
 City **Brandon FL** FL Zip Code **33511**

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 fee 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, 2000 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GOODALL, JUDD	
STREET ADDRESS	2115 HIBISCUS	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 014 11/03/01