

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73573

1. Entity Name

SUNLIT COVE CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90030 003 ***150.00

Principal Place of Business

Mailing Address

8701 FOURTH ST. N.
ST. PETERSBURG FL 33702

8701 FOURTH ST. N.
ST. PETERSBURG FL 33702-3143

2. Principal Place of Business

3. Mailing Address

523 ST. TROPEZ CIR.
Suite, Apt. #, etc.
St. Petersburg FL

523 ST. TROPEZ CIR.
Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

4. FEI Number

59-2894368

Applied For

Not Applicable

Zip

Country

33703

USA

Zip

Country

33703

USA

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

CARROLL, CHARLES J.
8701 FOURTH STREET, NORTH
ST. PETERSBURG FL 33702

Name
CARROLL, CHARLES J.

Street Address (P.O. Box Number is Not Acceptable)

523 ST. TROPEZ CIR N.E.

City
St. Petersburg

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
CARROLL, CHARLES J.
523 ST. TROPEZ CIRCLE
ST PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARROLL, NANCY R.
523 ST. TROPEZ CIRCLE
ST PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature] CHARLES J. CARROLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

727 521 4221

Daytime Phone #

CR2E034 (9/99)