

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-18-2002 90359 021 ****61.25

DOCUMENT # N01000003330

1. Entity Name

SUNCOAST FISHING CHARITIES, INC.



30093



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7822 FRANCINE CT. NEW PORT RICHEY FL 34653-1100		Mailing Address 7822 FRANCINE CT. NEW PORT RICHEY FL 34653-1100	
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 59-3724800	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANDIP I
6800 N. DALE MABRY HWY., STE. 268
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME MICHAEL D. STEWART	
STREET ADDRESS 7822 FRANCINE CT.	
CITY-ST-ZIP NEW PORT RICHEY FL 34653-1100	
TITLE Director	<input type="checkbox"/> Delete
NAME Michael D. Stewart	
STREET ADDRESS 7822 Francine Court	
CITY-ST-ZIP New Port Richey, FL 34653-1100	
TITLE Director	<input type="checkbox"/> Delete
NAME L.D Stewart	
STREET ADDRESS 7822 Francine Court	
CITY-ST-ZIP New Port Richey, FL 34653-1100	
TITLE Director	<input type="checkbox"/> Delete
NAME Chris Stewart	
STREET ADDRESS 7822 Francine Court	
CITY-ST-ZIP New Port Richey, FL 34653-1100	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, 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: SIGNATURE REQUIRED **2/15/02** **777-843-4017**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)