

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90170 018 ****61.25

DOCUMENT # NO1000003330

1. Entity Name

SUNCOAST FISHING CHARITIES, INC.



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

NO1000003330

Zip

Country

Zip

Country

SUNCOAST FISHING CHARITIES, INC.

4. FEI Number **59-3724800**

Applied For

Not Applicable

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

PATEL, SANDIP I

**6800 N. DALE MABRY HWY., STE. 268
TAMPA FL 33614**

**7822 FRANCINE CT.
NEW PORT RICHEY FL 34653-1100**

Name **Sandip I. Patel**

Street Address (P.O. Box Number is Not Acceptable)
3105 West Waters Avenue, Ste 315

City

Tampa

Zip Code

FL 33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

59-3724800

DATE

3/5/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. **PATEL, SANDIP I** OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STEWART, MICHAEL D**
STREET ADDRESS **7822 FRANCINE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-1100**

TITLE **D** ☐ Delete
NAME **STEWART, L.D.**
STREET ADDRESS **7822 FRANCINE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-1100**

TITLE **D** ☐ Delete
NAME **STEWART, CHRIS**
STREET ADDRESS **7822 FRANCINE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-1100**

TITLE **D** ☐ Delete
NAME **STEWART, MICHAEL D**
STREET ADDRESS **7822 FRANCINE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-1100**

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NAME **STEWART, L.D.**
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CITY-ST-ZIP **NEW PORT RICHEY FL 34653-1100**

TITLE **D** ☐ Delete
NAME **STEWART, CHRIS**
STREET ADDRESS **7822 FRANCINE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-1100**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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

4/3/03 727-848-4043