

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2002 90056 040 ****70.00

DOCUMENT # N99000001741

1. Entity Name

SUNCOAST TRAILBLAZERS, INC.

Principal Place of Business

Mailing Address

**6727 FIRST AVENUE SOUTH, SUITE 202
 ST. PETERSBURG FL 33707**

**6727 FIRST AVENUE SOUTH, SUITE 202
 ST. PETERSBURG FL 33707**

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

65-0911281

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

**BAILEY, JOHN P
 6727 FIRST AVENUE SOUTH, SUITE 202
 ST. PETERSBURG FL 33707**

Name

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

City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **RD Vice President** ☐ Delete
 NAME **CHRISTIAN, THERESE M**
 STREET ADDRESS **6199 94TH AVENUE NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

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

TITLE **VSTD President** ☐ Delete
 NAME **BAILEY, JOHN P**
 STREET ADDRESS **7012 GREENBRIER DRIVE**
 CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **D** ☒ Delete
 NAME **BALLARD, KAREN**
 STREET ADDRESS **6921 PLACE DE LA PAIX**
 CITY-ST-ZIP **SOUTH PASADENA FL 33707**

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

TITLE **D** ☐ Delete
 NAME **NEEFE, RICHARD J ESQ**
 STREET ADDRESS **119 108TH AVE, BOX 105**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

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

TITLE **D** ☐ Delete
 NAME **Housh Ghovaeel**
 STREET ADDRESS **304 South Becker Rd**
 CITY-ST-ZIP **Clearwater, FL 33765**

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

TITLE **D** ☐ Delete
 NAME **David T. Watson**
 STREET ADDRESS **4837 Central Ave**
 CITY-ST-ZIP **St Petersburg FL 33713**

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 lines empowered.

SIGNATURE:

SIGNATURE

1/14/02 727-381-0707

CR2E037 (9/01)