May 01, 2003 8:00 am Secretary of State

05-01-2003 90507 001 *****8.75

UNIFORM BUSINESS REPORT (UBR) P00000019311 **DOCUMENT #**

2003 FOR PROFIT CORPORATION

Mailing Address

1181 SAN CARLOS AVE. N.E.

ST. PETERSBURG FL 33702

1. Entity Name

CITY-ST-ZIP

Principal Place of Business

1181 SAN CARLOS AVE. N.E.

ST. PETERSBURG FL 33702

SUNCOAST CONSUMER SERVICES, INC.

	05-01-2003 90507 002 ***	150.00
	გითიკლეჭ	
.3		
•	CHECK HERE IF MAKING CHA	NGES
	4. FEI Number 59-3629593	Applied For Not Applicable
puntry		75 Additional Required
	7. Name and Address of New Registered Agent	
= Name	**************************************	
Street Address (F	P.O. Box Number is Not Acceptable)	
	···	
City	FL ^z	lip Code
tered office or registers	ed agent, or both, in the State of Florida. I am familia when reinstating) DATE	ar with, and accept
	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
1.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
TITLE NAME		Change

2. Principal Place of Business			3. Ma	3. Mailing Address			T HERSTOON HIS BERKE BENKE BENKE BOKEN BOKEN BOKEN ALKON TOINED TITION STREET HERD FRANK				
Suite, Apt. #, etc.			Suí	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			FEI Number 59-3629593 Applied For Not Applied				
Zip		Country	Zip Country				5. Certificate of Status Desired Sta				
	6. Name	and Address of Curre	nt Register	ed Agent		7.	7. Name and Address of New Registered Agent				
SCHECHT, NEIL S 3426 W. KENNEDY BLVD.						Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL											
.,					City	*		FL	Zip Cod	 e	
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											
CIGITATIONE.	Signature, typed	or printed name of registered age	ent and title if ap	plicable. (NOTE:	Registered Agent si	nature required when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.							9. Election Campaign Financia Trust Fund Contribution.	¯ 🗆	Added	May Be to Fees	
10.	VP	OFFICERS AN	ID DIRECTO		11.	AL	ODITIONS/CHANGES TO OFFICER				
TITLE -NAME STREET ADDRESS CITY-ST-ZIP	GIOVANET 1181 SAN	TTI, LOUIS A CARLOS AVE. N.E. RSBURG FL 33702	•	☐ Delete	name Street addre City-St-Zip	ss		(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIOVANET 1181 SAN	TI, DIANE E CARLOS AVE. N.E. RSBURG FL 33702		Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	ss		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		[Change	☐ Addition	
TITLE NAME				☐ Delete	TITLE NAME	c			Change	Addition	

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 607, 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.

CITY-ST-ZIP

SIGNATURE: Vianesta Childrenetta Dranc SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR