

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049085

1. Entity Name
SUNCOAST BAY CUSTOM HOMES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90318 013 ***150.00

Principal Place of Business

622 E. TARPON AVE.
TARPON SPRINGS FL 34689

Mailing Address

622 E. TARPON AVE.
TARPON SPRINGS FL 34689

2. Principal Place of Business

2758 SUMMERDALE DR.
Suite, Apt. #, etc.

3. Mailing Address

2758 SUMMERDALE DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State CLEARWATER, FL.		City & State CLEARWATER, FL.		4. FEI Number 59-3687576	Applied For <input type="checkbox"/> Not Applicable
Zip 33761	Country	Zip 33761	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMART, DAVID M 622 E. TARPON AVE. TARPON SPRINGS FL 34689		7. Name and Address of New Registered Agent Name: SMART, DAVID M. Street Address (P.O. Box Number is Not Acceptable) 2758 SUMMERDALE DR. City: CLEARWATER FL Zip Code: 33761	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT SMART, DAVID M. 2758 SUMMERDALE DR. CLEARWATER, FL. 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)