

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-26-2001 90117 004 ***150.00
 04-25-2001 90005 021 ***158.75

DOCUMENT # P00000075406

1. Entity Name

SUNCOAST STUDIOS, INC.

Principal Place of Business

1720 SOUTH MCCALL ROAD, UNIT C
 ENGLEWOOD FL 34223

Mailing Address

1720 SOUTH MCCALL ROAD, UNIT C
 ENGLEWOOD FL 34223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1030929

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LUONGO, ANDREA
 1720 SOUTH MCCALL ROAD, UNIT C
 ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name **WEBER, MICHELLE L.**
 Street Address (P.O. Box Number is Not Acceptable)
1720 SOUTH MCCALL ROAD, UNIT C
 City **ENGLEWOOD** FL **34223**

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

Michelle L. Weber **Michelle L. Weber**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

4.17.2001
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Michelle L. Weber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.2001
 Date

941.473.5505
 Daytime Phone #

CR2034 (10/00)