

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000076151**1. Entity Name  
**SUNCOAST PASSIVES INC.**

Principal Place of Business 4102 CENTRAL SARASOTA PKWY., STE. 914  SARASOTA FL 34238	Mailing Address 4102 CENTRAL SARASOTA PKWY., STE. 914  SARASOTA FL 34238
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2. Principal Place of Business 538 SIXTH AVENUE	3. Mailing Address 538 SIXTH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FORD CITY PA	City & State FORD CITY PA	4. FEI Number <b>65-1032154</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 16226	Country US	Zip 16226	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****MERRIWETHER DANA R**  
4102 CENTRAL SARASOTA PKWY., STE. 914  
  
SARASOTA FL 34238**7. Name and Address of New Registered Agent**Name  
**SPENCER HORACE M**  
Street Address (P.O. Box Number is Not Acceptable)  
**1344 WHISPERING PINES DRIVE**  
  
City  
**CLEARWATER FL** Zip Code  
**33764**

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 **HORACE M. SPENCER****03/27/2001**

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

(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) ☒**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	PSD MERRIWETHER DANA R 4102 CENTRAL SARASOTA PKWY., STE. 914 SARASOTA FL 34238	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MERRIWETHER DANA R 538 SIXTH AVENUE FORD CITY PA 16226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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: **Dana R. Merriwether**

PSD

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)