TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000076151 1. Entity Name SUNCOAST PASSIVES INC.								FILED Mar 27, 2001 08:00 AM Secretary of State						
2. Principal Place of Business	· ·		-												
Side Apt. 460. Solida Solida Apt. 460. Solida			FL			FL									
City & State From city PA City & State				3. Mailing Address 538 SIXTH AVENUE									-		
PA	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					D	эм тои с	RITE IN THIS	S SPACE	–		
Country Coun													• •	1	
NAME AND AND A R SPENCER SPENC	•	'		•		ntry				ıs Desired	N	\$8.75 Ad	Iditional	1	
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SIGNATURE STORMAN SPENCER STORMAN SPEN	4102 CENTI	RAL SARASOTA PKWY., S				SPENCE Street A	R HO	ORACE Box Nun	M nber is Not					-	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE HORACE M. SPENCER Signature, two or prime rained in equipment opens of the 1 analotatis. SIGNATURE HORACE M. SPENCER Spraker, two or prime rained in equipment opens of the 1 analotatis. SIGNATURE HORACE M. SPENCER Spraker, two or prime rained in equipment opens of the 1 analotatis. SIGNATURE HORACE M. SPENCER Spraker, two or prime rained in equipment of the transport of the 1 analotatis. SIGNATURE HORACE M. SPENCER Spraker, two or prime rained in equipment of the transport of the 1 analotatis. SIGNATURE HORACE M. SPENCER Spraker, two or prime rained in equipment of the transport of the 1 analotatis. SIGNATURE HORACE M. SPENCER SPENCER AND SPENCER SPENCER AND SPENCER STORES AND DIRECTORS IN 11. OPPICIES AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. PSD Delete TILE Delete TI			FL			City						■ Zip Cod	ie	_	
SIGNATURE HORACE M. SPENCER Square, highed or pursed tame of registered appear and that it excitosites. (NOTE Registered Agent signature required when releasing): 9. This corporation is eligible to easilisty its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME FIRM DESCRIPTIONS IN 11 TIME FIRM DESCRIPTION FIRM DESCRIPT	0 TI 1					CLÉARY			 .					_	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date	of the cor changed,	poration or the receiver or or on an attachment with a	intal report is tru trustee empowe an address, with	le and accurate and that ired to execute this report i all other like empowered :	my signa : as requi	ture shall h red by Cha	aua tha com	e legal et orida Stat	fect as if mutes; and t	nade unde hat my na 7/2001		I am an office in Block 11 c	- ar diractor		

Date

Daytime Phone #