

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90318 027 ***150.00

DOCUMENT # P00000077246

1. Entity Name
FLORIDA SUNCOAST REAL ESTATE DEVELOPMENT CORPORATION



Principal Place of Business
**3637 4TH STREET NORTH
SUITE 230
ST. PETERSBURG FL 33704**

Mailing Address
**3637 4TH STREET NORTH
SUITE 230
ST. PETERSBURG FL 33704**

40008674



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3711411**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, JAMES R
3637 4TH STREET NORTH
SUITE 230
ST. PETERSBURG FL 33704**

Name **RALPH E. BODZIAK**
Street Address (P.O. Box Number is Not Acceptable)
**3637 4TH ST. NORTH
SUITE 230**
City **ST. PETERSBURG** FL Zip Code **33704**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PROB. 1/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BODZIAK, JOHN C	
STREET ADDRESS	3637 4TH STREET NORTH SUITE 230	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JAMES	
STREET ADDRESS	3637 4TH STEET N STE 230	
CITY-ST-ZIP	ST. PETE FL 33204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH E. BODZIAK	
STREET ADDRESS	3637-4TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY ENGERT	
STREET ADDRESS	3637-4TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROB. 1/28/03 (727) 892-2436

Date

Daytime Phone #

CR2E034 (10/02)