

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000081589**

1. Entity Name

SUNCOAST FINISHING, INC.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90231 016 ***150.00

714693

DO NOT WRITE IN THIS SPACE

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|---|---|
| Principal Place of Business 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 | Mailing Address 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 |
| 2. Principal Place of Business 114 Thomas Ave Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 492 Suite, Apt. #, etc. |

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|-----------------------------------|-------------------------------|
| City & State OSTEON, FL | City & State OSTEON |
| Zip 32764 | Country USA |
| Zip 32764 | Country FL |

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| 4. FEI Number 59-3665298 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 |
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| 7. Name and Address of New Registered Agent Name BRIDGER DENNIS Street Address (P.O. Box Number is Not Acceptable) 164 THOMAS AVE City OSTEON FL Zip Code 32764 |
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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 <u>Dennis Bridger</u> 2/4/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| 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 | PSTD BRIDGER, DENNIS 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BRIDGER DENNIS 164 THOMAS AVE OSTEON FL 32764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |

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.

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| SIGNATURE: <u>Dennis K. Bridger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 2/4/01 <small>Date</small> | <small>Daytime Phone #</small> |
|---|--------------------------------------|------------------------------------|

CR2E034 (10/00)