## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000089796 **DOCUMENT #**

1. Entity Name

SUN COAST REGIONAL, INC.

SIGNATURE: 1



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90121 019 \*\*\*150.00

| Principal Place of Business<br>6900 S. GRAY ROAD<br>INDIANAPOLIS IN 46237                                      |  | Mailing Address<br>6900 S. GRAY ROAD<br>INDIANAPOLIS IN 46237   |  |  |   |   |   |  |  |        |  |
|--|--|---|--|--|---|---|---|--|--|--------|--|
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |   | ) ( <b>1887183</b> 6 (1 <b>1 88</b> 71) <b>88</b> 117 <b>88</b> 311 3                       | BOJI) OBIJI BOJOK IBIJ                                    | # 1851  <b>1961</b>   181                        | , <b>6</b> 6111 1921                       |        |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |   | CHECK HERE IF MAKING CHANGES  |   |  |  |        |  |
| City & State   |  | City & State  |  |  | <b>4.</b> F   | El Number 65-212035   | 55  | <u> </u>   | olied For<br>Applicable                    |        |  |
| Zip  | Country  | Zip   | Coun                                   | try  | 5. (  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required                           |   |  | tional                                     | ı      |  |
|  |  | Perintered Agent  |  |  | 7. N  | 7. Name and Address of New Registered Agent   |   |  |  |        |  |
| 6. Name and Address of Current Registered Agent  |  |   |  | Name   |   |   |   |  |  |        |  |
| C T CORPO  | DRATION SYSTEM   | Street Address  |  |  | dress (PO B   | (P.O. Box Number is Not Acceptable)   |   |  |  |        |  |
| -  | TH PINE ISLAND ROAD  | Street Address  |  |  |   |   |   |  |  | l      |  |
|  | N FL 33324   |   |  |  |   |   |   |  |  | i      |  |
| 1 (2 (1))  | eran ing   | City  |  |  |   | *   | FL  | Zip Code   |  |        |  |
|  | named entity submits this statement for  |   |  | ad office or I                               | enietered an  | ent or both in the State of   | Florida. I am fa  | miliar with, a                                   | ind accept                                 |        |  |
| 8. The above the obligation  | named entity submits this statement to<br>ons of registered agent.   | the purpose of changing its   | register                               | ed office or i                               | egistered ag  | one, or boar, in the state of   |   |  | ·  |        |  |
| CIONATURE  | Signature, typed or printed name of registered agent a   | and title if applicable (NO)  | F: Registere                           | d Agent signatur                             | e required when re  | sinstating)   | DATE  |  |  |        |  |
|  |  | · ·   |  |  |   |   |   |  |  |        |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of |  | f State   |  |  | <ol> <li>Election Campaigr</li> <li>Trust Fund Contrib</li> </ol> |   |   | May Be<br>to Fees                                |  |        |  |
|  | OFFICERS AND   |   | 11.                                    |  | AE  | DITIONS/CHANGES TO  | OFFICERS AND  | DIRECTORS  | IN 11                                      | 1_     |  |
| 10.  | PD   | Delete  |  | TITLE  |   |   |   | Change   | ☐ Addition                                 | (10/02 |  |
|  | JACKSON, ETHAN   |   |  | NAME   |   |   |   |  |  |        |  |
| STREET ADDRESS   | O BOX 4870 🤬   |   |  | STREET ADDRESS<br>CITY-ST-ZIP                |   |   |   |  |  | 1007   |  |
| CITY-ST-ZIP  | ST CROIX US VI 00851   |   | <b>-⊩</b>                              |  |   |   | ·   | ☐ Change   | ☐ Addition                                 | ٥      |  |
| TITLE  | VPTD   | ☐ Delete  | 1                                      | TITLE<br>NAME                                |   |   |   |  | _  | (      |  |
| NAME<br>STREET ADDRESS   | Jackson, Blake A<br>6900 S Gray RD   |   |  | EET ADDRESS                                  |   |   |   |  |  |        |  |
| CITY-ST-ZIP  | 900 S GRAT RD<br>NDIANAPOLIS IN 46237  |   | CIT                                    | CITY-ST-ZIP                                  |   | <del></del> -   |   |  |  | -      |  |
| TITLE  | VPD  | Delete  |  | .E 3.  |   | in<br>Linearia∰i, t   |   | Change   | Addition                                   | 1      |  |
|  | JACKSON, WESSLEY   |   | NA                                     |  |   |   |   |  |  | Ì      |  |
|  | 6900 S GRAY RD   |   |  | EET ADDRESS<br>Y-ST-ZIP                      |   |   |   |  |  |        |  |
| CITY-ST-ZIP  | NDIANAPOLIS IN 46237   |   | 7111                                   |  |   |   |   | Change   | Addition                                   | 1      |  |
| TITLE  | VPD KVIE   | ☐ Delete  | NAI                                    |  | VPD   | V1 -  |   | /*   |  |        |  |
| NAME<br>STREET ADDRESS   | JACKSON, KYLE<br>16900 S GRAY RD   |   | STF                                    | REET ADDRESS                                 | Jackso<br>PMR 20  | n, Kyle<br>O, 4093 Diamor   | nd Rubv.  | Ste. 7   |  |        |  |
| CITY-ST-ZIP  | INDIANAPOLIS IN 46237  |   | CIT                                    | CITY-ST-ZIP Ch                               |   | iansted, VI_(   | 00820   |  |  | -      |  |
| TITLE  | S  | ☐ Delete  | TIT                                    | LE   |   |   |   | Change   | ☐ Addition                                 | Ì      |  |
| NAME   | WLLIAMS, TERESA  |   |  | ME<br>REET ADDRESS                           |   |   |   |  |  |        |  |
| STREET ADDRESS   | 6900 S GRAY RD   |   |  | y-st-zip                                     |   |   |   |  |  |        |  |
| CITY-ST-ZIP  | INDIANAPOLIS IN 46237  | . П к.т.и   | TIT                                    |  |   |   |   | Change   | Addition                                   | 7      |  |
| TITLE  | ICOX DAVID   | ☐ Delete  |  | ME   |   |   |   |  |  |        |  |
| NAME<br>STREET ADDRESS   | COX, DAVID<br> s  9421 HUNTER POND DRIVE   |   |  | REET ADDRESS                                 |   |   |   |  |  |        |  |
| CITY-ST-7IP  | TAMPA EL 33647   |   |  | TY-ST-ZIP                                    |   |   |   |  |  | -      |  |
| 12. I hereby indicated of the co-  | certify that the information supplied wit<br>don this report or supplemental report<br>rporation or the receiver or tystee emp<br>, or on an attachment with an address, | h this filing does not qualify<br>s true and accurate and tha<br>lowered to execute this repo<br>with all other like empowere | for the ex<br>t my sign<br>ort as requ | emption sta<br>ature shall h<br>uired by Cha | ted in Sectior<br>ave the same<br>apter 607, Flo                  | n 119.07(3)(i), Florida Statu<br>e legal effect as if made un<br>rida Statutes; and that my | ites. I further ce<br>ider oath; that I<br>name appears i | tity that the i<br>am an officer<br>n Block 10 o | ntormation<br>or director<br>r Block 11 if |        |  |

NG OFFICER OR DIRECTOR