FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90961 049 ***150.00

11020302

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

MENT # **P00000111106**

1. Entity Name

SUNCOAST HOBBIES CORPORATION



Principal Place of Business 13974 HILLSBOROUGH AVE TAMPA FL 33635 Mailing Address

13974 HILLSBOROUGH AVE

TAMPA FL 33635

2. Principal Place of Business 13974 W. HILLS BORDUGH AYE 13974 W. HILLS BORDUGH AVE.							88 :81 (1 88) (1 88) (188) (188)	66 111 6 141 18 6 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3684431 Applied For Not Applicab			
Zip	Cou	ntry	Zip	Country		Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
The second of th					Namer - 1				
SPIEGEL &	& Utrera, P.A.			<u> </u>	A 1.1 (5	O Book of the Assessment of th	·-··		
343 ALMERIA AVENUE				Street	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134					••			į	
· · · · · · · · · · · · · · · · · · ·				City			FL Zip Coo		
	e named entity submitions of registered as		r the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Flori	da. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed	name of registered agent	and title it populicable (NOT	E: Registered Agent sig	neture required t	when reinstating	DATE		
	Organica, typed or printed	The Control agent	Tio tio ii applicatio. (1101	E. Hogistered Agent asg	iatoro regalios	The state of the s	DATE.		
Afte	ILE NOW!!! FEE r May 1, 2003 Fee	will be \$550.00	State			Election Campaign Fina Trust Fund Contribution.	~ _ ++.,	00 May Be ed to Fees	
Make Check Payable to Florida Department of State									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD		☐ Delete	TITLE	1		Change	Addition	
NAME	NEWMAN, EARLI			NAME	1207	4 W. HILLS BORDUGH AV	6		
STREET ADDRESS	13974 HILLSBOF			STREET ADDRESS	1377	T MI-HICES BOXODER 11.	C .		
CITY-ST-ZIP	TAMPA FL 33635)		CITY-ST-ZIP	<u> </u>				
TITLE	STD		☐ Delete	TITLE			Change	Addition	
NAME	NEWMAN, LESLIE C			NAME	1207	974 W. HILLSEDROUGH AVE.			
STREET ADDRESS CITY-ST-ZIP	13974 HILLSBOF TAMPA FL 33635			STREET ADDRESS CITY-ST-ZIP	5 1377	T VI TILES CORPORT			
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MARKE	ī			NAARE	l.				

12. I hereby certify that the information subclied with this filling 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 receive 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEL/TREAS.

3-3-03

(813) 426-8301

Daytime Phone #

CR2E034 (10/02)