

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90037 001 ***150.00

DOCUMENT # **P01000026460**

1. Entity Name

SUNCOAST POOLS & CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3032 WISTER CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1798

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VALRICO FL

City & State

PLANT CITY FL

4. FEI Number

59-3712576

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33564

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD HURSEY

Street Address (P.O. Box Number is Not Acceptable)

3032 WISTER CIRCLE

City

VALRICO

FL

Zip Code

33594

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
DAVID FITZHENRY
3032 WISTER CIRCLE
VALRICO, FL 33594**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Fitzhenry

DAVID FITZHENRY

4/29/02 813-719-7947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)