## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 14, 2002 8:00 am P01000032591 DOCUMENT # Secretary of State 1. Entity Name 01-14-2002 90060 004 \*\*\*158.75 SUNCOAST SPORTPLANES, INC. Mailing Address Principal Place of Business 695 EMBASSY COURT 695 EMBASSY COURT MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address 2003 MAINSAIL DR. DRIVE 2003 MAINSAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 593711385 City & State NAPLES City & State Applied For FL FL NAPLES Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired COLLIER 34114 COLLIER 34114 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CENC** FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761 ೱೱಀಀಀೱ MARCO 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. KARL H. GENG 2005 - CNAI **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Karl H. Genq Secretary + Change Addition TITLE □ Delete TITLE 695 Embassy Ct. NAME SILVESTER, ANDREW R NAME Treasurer Marco Island, FL 695 EMBASSY COURT STREET ADDRESS STREET ADDRESS $\Gamma + 2$ MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-7IP 34145-6828 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

REQUIREDANDIVEW R. Silvester

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

FILED