

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90235 005 ***158.75

0539979 AV

DOCUMENT # P01000042140
 1. Entity Name
FLORIDA SUNCOAST SERVICES, INC.

Principal Place of Business Mailing Address
5603 INDIANA AVENUE **5603 INDIANA AVENUE**
NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 1277
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Richey, Florida
 Zip Country Zip Country
34673 **Pasco**

4. FEI Number Applied For
59-3722211 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~DORSEY, DAVID A~~
~~6105 MAIN STREET~~
~~NEW PORT RICHEY FL 34653~~
 Delete James M. Shindledecker
 P.O. Box 1277
 Port Richey FL 34673

7. Name and Address of New Registered Agent
 Name **James M. Shindledecker**
 Street Address (P.O. Box Number is Not Acceptable)
5603 Indiana Ave
 City **New Port Richey** FL Zip Code **34652**

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 *James M. Shindledecker* DATE **01/4/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, EDWARD D	
STREET ADDRESS	5603 INDIANA AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHINDELECKER, JAMES M	
STREET ADDRESS	5603 INDIANA AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *James M. Shindledecker* DATE **01/04/02** DAYTIME PHONE # **727-849-3397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)