

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000047339**

1. Entity Name

SUNCOAST PRINTING & GRAPHIC DESIGN, INC.

FILED

02 OCT -9 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
873111

Principal Place of Business

5806 ARBOR WALK LANE
TAMPA FL 33634

Mailing Address

5806 ARBOR WALK LANE
TAMPA FL 33634

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12088 ANDERSON RD

Suite, Apt. #, etc.

#118

City & State

TAMPA FL

Zip

33625

Country

HILLSBOROUGH

4. FEI Number

59-3724326

Applied For

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

MITCHELL, WILLIAM F
5806 ARBOR WALK LANE
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

CR2E034 (4/02)

NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
MITCHELL, WILLIAM F
5806 ARBOR WALK LANE
TAMPA FL 33634☐ DeleteTITLE
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CITY-STATE-ZIP**200008399672**
10/16/02--01049--001 **400.00

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: **CO-MITCHELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9-18-02**
Date**813-961-0100**
Daytime Phone #

AUGUST 14, 2002

ASHCO TRANSPORT, INC.
PO BOX 100485
FT. LAUDERDALE, FL 33310

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE 2002 ANNUAL REPORT FOR OUR
COMPANY AND THE \$150,00 PAYMENT THAT IS DUE.

THE REASON THIS FORM WAS NOT FILED PRIOR TO
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID "IF WE NEVER
RECEIVED THE RENEWAL YOU WOULD ALLOW THE FORM TO BE
FILED AT THIS TIME". THANK YOU VERY MUCH.

VERY TRULY YOURS,
ASHCO TRANSPORT, INC.



COLLINS ASHLEY, PRESIDENT