## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2002 8:00 am Secretary of State P01000056976 DOCUMENT # 09-18-2002 90051 021 \*\*\*150.00 SUNCOAST TROPICAL PROMOTIONS, INC. Principal Place of Business Mailing Address 4342 TIMOR PLACE 4342 TIMOR PLACE SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 715 N. WASHINGTON BLVD - Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SARASOTA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEA, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH TAMIAMI TRAIL SAFASOTA FL 34239 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) ATTACHED FILE NOW!!! FEE IS \$550.08 38 E 9. This corporation is eligible to satisfy its Intangible etion Campaign Financing \$5.00 May Be \_Tax filing requirement and elects to do so. After September 13, 2002 Fee Will be \$750.09 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D CR2E034 (4/02) TITLE Delete TITLE Addition COHEN, MARCUS J NAME NAME 4342 TIMOR PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete TITLE \_ Change Addition NAME NAME 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 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

Attachment 872680



715 N. Washington Blvd. Suite C Sarasota, FL. 34236

Ph: 941-955-4500 fax: 941-955-9907 www.tropicalpromotions.com

To: Divisions Of Corporations
-Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

Re: Suncoast Tropical Promotions, inc PO1000056976

Dear Sirs,

Enclosed please find our check in the amount of \$150.00(filing fee), as we did not receive prior notice and therefore request the additional late fee to be waived.

Please note change of address to:

715 N. Washington Blvd. Suite C Sarasota, FL 34236

Sincerely,

Marcus J. Cohen