

AMENDED

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000058393

1. Entity Name
SUNCOAST RV, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

Principal Place of Business
10360 BEACH BLVD
JACKSONVILLE, FL 32246

Mailing Address
10360 BEACH BLVD
JACKSONVILLE, FL 32246

2. Principal Place of Business

3. Mailing Address
8003 James Island Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number
59-3742741

Applied For
Not Applicable

Zip

Country

Zip
32256

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

MRS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAJALIA, MICHAEL M
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE, FL 32207

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 resigning)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HASSAN, SALEM F
10360 BEACH BLVD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400021985844
08/01/03--01023--013 ***61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HASSAN, TRACEY A
10360 BEACH BLVD
JACKSONVILLE, FL 32246

TITLE
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☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALEM F. HASSAN 7/25/03

Date

Daytime Phone #

CR2E034 (10/02)