

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90279 005 ***150.00

DOCUMENT # P01000061661

1. Entity Name

SUNCOAST BROADBAND COMMUNICATIONS INC.

Principal Place of Business

**10652 3RD ST. N.
 #D
 ST. PETERSBURG FL 33713
 US**

Mailing Address

**10652 3RD ST. N.
 #D
 ST. PETERSBURG FL 33713
 US**

2. Principal Place of Business

150 N. Dunbar Ave

Suite, Apt. #, etc.

#C

City & State

Oldsmar, FL

Zip

34677

Country

USA

3. Mailing Address

PO Box 1591

Suite, Apt. #, etc.

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0551062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUALE, MICHAEL S

10652 3RD ST. N.

#D

ST. PETERSBURG FL 33713

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.

SIGNATURE

Michael S. Quale

1/28/02

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 \$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 **P** ☐ Delete
 NAME **QUALE, MICHAEL S**
 STREET ADDRESS **10652 3RD ST. N. #D**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Michael S. Quale
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/02

Daytime Phone #

727-224-8072

CR2E034 (9/01)