

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91156 009 ***150.00

DOCUMENT # P01000118687

1. Entity Name
SUNCOAST CELLULAR & CAR AUDIO INC.

Principal Place of Business

**3556 NW 33 AVE
 OKEECHOBEE FL 34972**

Mailing Address

**3556 NW 33 AVE
 OKEECHOBEE FL 34972**

2. Principal Place of Business

1811 S Parrott Avenue

3. Mailing Address

1811 S Parrott Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

City & State

Okeechobee, FL

4. FEI Number

26-0013422

Applied For

Not Applicable

Zip
34974

Country
USA

Zip
34974

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COOK, JOHN
 202 NW 5 AVE
 OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name **Suncoast Cellular & Car Audio, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
1811 S Parrott Avenue

City **Okeechobee**

FL

Zip Code **34974**

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 **ERIC BROWN Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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	PSD	<input type="checkbox"/> Delete
NAME	BROWN, ERIC	
STREET ADDRESS	3556 NW 33 AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC BROWN	
STREET ADDRESS	1811 South Parrott Avenue	
CITY-ST-ZIP	Okeechobee, FL 34974	
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
NAME		
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:

SIGNATURE REQUIRED ERIC BROWN

Date

Daytime Phone #

4-17-02 863-763-4804

CR2E034 (9/01)