

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90070 010 ***158.75

DOCUMENT # P02000000867



1. Entity Name
SUN COAST SERVICE CORP.

Principal Place of Business
**15912 OLD STONE PL
TAMPA FL 33624**

Mailing Address
**15912 OLD STONE PL
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

26-0009986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABERCROMBIE, GAIL M
1304 DESOTO AVE STE 203
TAMPA FL 33606**

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

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 Delete
NAME **D PERET, ANITA L**
STREET ADDRESS **15912 OLD STONE PL**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
NAME **P.V.T.S. Peret, Anita L.**
STREET ADDRESS **15912 Old Stone Place**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/03
Date

813 961-9233
Daytime Phone #

CR2E034 (10/02)

Attachment # 800521691
PO20000000867

15912 Old Stone Place
Tampa, Florida 33624-1595
March 10, 2003

Certified Mail, Return Receipt Requested
No. 7002-2410-0003-0118-9217

Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Sun Coast Service Corp.

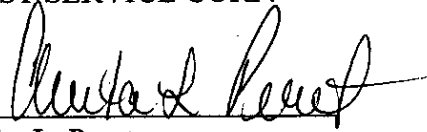
Dear Sir or Madam:

Enclosed please find a 2003 Uniform Business Report for the above-referenced corporation and check number 228 in the amount of \$158.75 for the filing fee and for a certificate of status.

Please call me if you have any questions at (813) 961-9233. Thank you for your assistance.

Sincerely,

SUN COAST SERVICE CORP.



By: Anita L. Peret
President

Enclosures