

06-09-2003 90107 037 \*\*\*150.00

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

**DOCUMENT # P02000010479**  
 1. Entity Name  
**SUNCOAST ELDER SERVICES, INC.**



00100011

Principal Place of Business  
 712 OSCEOLA RD  
 BELLEAIR FL 33756

Mailing Address  
 712 OSCEOLA RD  
 BELLEAIR FL 33756



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 48254**  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg FL**

Zip  
**33743**

Country  
**USA**

4. FEI Number  
**04-3594202**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

7. Name and Address of New Registered Agent  
 Name **Andra Salveggi**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6740 Crosswinds Dr N. Ste L-1**  
 City **St. Petersburg FL** Zip Code **33710**

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 Andra Salveggi DATE 4/28/03  
Signature, typed or printed (name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HART, LAUREL 712 OSCEOLA RD BELLEAIR FL 33756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD STOVER, ANDRA L 712 OSCEOLA RD BELLEAIR FL 33756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SALVEGGI Andra 6740 Crosswinds Dr N St. Petersburg FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>(name change due to marriage)</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andra Salveggi DATE 4/28/03 DAYTIME PHONE # 727-344-7277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)