FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90107 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010479

1. Entity Name
SUNCOAST ELDER SERVICES, INC.

Principal Place of Business
712 OSCEOLA RD
BELLEAIR FL 33756

Mailing Address
712 OSCEOLA RD
BELLEAIR FL 33756

[redacted]

2. Principal Place of Business

3. Mailing Address
PO BOX 48254

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State

City & State
St. Petersburg FL

4. FEI Number 04-3594202 — Applied For / Not Applicable

Zip | Country

Zip 33743 | Country USA

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 — 4/28/03 DATE

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	Delete
PSD	HART, LAUREL	712 OSCEOLA RD	BELLEAIR FL 33756	☐
VTD	STOVER, ANDRA L	712 OSCEOLA RD	BELLEAIR FL 33756	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
VTD	SALVEGGI, Andra (name change due to marriage)	6740 Crosswinds Dr N	St. Petersburg FL 33710	☑	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (10/02)

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 Andra Salveggi — 4/28/03 Date — 727-344-7277 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR