FILED
Jun 18, 2003 8:00 am
Secretary of State
05-16-2003 90186 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000036640

1. Entity Name
Suncoast Sales + Designs (L)

DO NOT WRITE IN THIS SPACE

55048821

2. Principal Place of Business	3. Mailing Address
726 Bay Esplanade	726 Bay Esplanade
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater	City & State: Clearwater, FL
Zip: 33767 Country: Pinellas	Zip: 33767 Country: Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2042871 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Patrick Gallagher

Street Address (P.O. Box Number is Not Acceptable): 726 Bay Esplanade

City: Clearwater FL Zip Code: 33767

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: Pat Gallagher 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Patrick Gallagher 726 Bay Esplanade Clearwater, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Treasurer Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pat Gallagher 5/1/03 727 492 3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #