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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046406

1. Entity Name

Suncoast Home Source, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6318 Rowan Rd	6318 Rowan Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey	City & State: New Port Richey
Zip: 34653 Country: Pasco	Zip: 34653 Country: PPasco

DO NOT WRITE IN THIS SPACE

4. FEI Number: 33-1004156 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steven A Schick

Street Address (P.O. Box Number is Not Acceptable): 6318 Rowan Rd

City: New Port Richey FL Zip Code: 34653

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: Steven A Schick P/T 7/29/03

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 P NAME Steven A Schick STREET ADDRESS 6318 Rowan Rd CITY-ST-ZIP New Port Richey 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

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 another like empowered.

SIGNATURE: Steven A Schick P/T 7/29/03 7278150542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #