

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

6/26/2003-90038-017-\$150.00-\$150.00

FILED

03 JUL -7 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068918	
1. Entity Name SUNCOAST HOME IMPROVEMENTS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3435 FOX HUNT DRIVE Suite, Apt. #, etc.	3. Mailing Address 2062 WEAVER PARK DR. Suite, Apt. #, etc.
City & State PALM HARBOR, FL	City & State CLEARWATER, FL
Zip 34683	Country USA
Country	Zip 33765
	Country PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0464744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GREG MOORE	
Street Address (P.O. Box Number is Not Acceptable) 3435 FOX HUNT DR.	
City PALM HARBOR	
FL	Zip Code 34683

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) **DATE** 06-19-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GREG MOORE 3435 FOX HUNT DRIVE PALM HARBOR FL, 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800031388928 07/07/03-11/23/03 \$1400.00
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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-19-03

Date

727-439-6827

Daytime Phone #

9/7/8