FILED

Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90122 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075395

1. Entity Name

SUNCOAST SEARCH & PLACEMENT, INC.

Principal Place of Business 6590 LAS FLORES DRIVE BOCA RATON FL 33433			Mailing Address 6590 LAS FLORES DRIVE BOCA RATON FL 33433									
2. Principal Place o	3. Mail	3. Mailing Address				1						
Suite, Apt. #, etc	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	City	City & State							plied For at Applicable]		
Zip	Zip Country		Zip		Country						75 Additional Required	
· 6.	Name and Address of Cur	rent Registere	d Agent		-	=	7. Na	ame and Address of New Re	gistered	Agent		1
					Name]
CANNING, CHF 6590 LAS FLOR			Street Address (P.O. Box Number is Not Acceptable)							-		
BOCA RATON	FL 33433											1
					FL Zip Code					 e	-	
SIGNATURE Signatur	re, typed or printed name of registered IOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550	agent and title if appl			d Agent signat			nt, or both, in the State of Flor stating) 9. Election Campaign Fine Trust Fund Contribution	DATE	\$5.0	May Be to Fees	
Make Check Paya	ble to Florida Departme	nt of State					İ	most rand Continues		naaca	10 1 003	
10.	OFFICERS A	AND DIRECTO	RS	11.			ADD	ITIONS/CHANGES TO OFFI	CERS AN	D DIRECTORS	S IN 11] .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					DENT BHER C QUIN LAS FLORES D RATON, FL 3	2343 8343	□ Change	Addition	(40/07)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			700 65 800	5½ - 70	RESIDENT I. CANNING LAS FLORES ATON, FL. 83	VBG EEP	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			_ Delete			-				· Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE						Change	Addition	1

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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

PB27, 2002

561-488-8981

Change

☐ Addition

Daytime Phone #

CR2E034 (10/0)