

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-12-2003 90119 020 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000081044

1. Entity Name
SUNCOAST MATERIAL HANDLING SYSTEMS, INC.



Principal Place of Business
3234 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
3234 S. TAMiami TRAIL
SARASOTA FL 34239

2. Principal Place of Business
8134 Blaikie Ct.
Suite, Apt. #, etc.

3. Mailing Address
8134 Blaikie Ct
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
30-0104773

Applied For
Not Applicable

Zip
34240

Country
Sarasota

Zip
34240

Country
Sarasota

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAIN, STEVAN
3234 S. TAMiami TRAIL
SARASOTA FL 34239

Name
Stevan Swain
Street Address (P.O. Box Number is Not Acceptable)
8134 Blaikie Ct

City
Sarasota, FL Zip Code
34240

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 *Stevan Swain*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/7/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWAIN, STEVAN
3234 S. TAMiami TRAIL
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWAIN, TOM
3234 S. TAMiami TRAIL
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: *Stevan Swain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
2/7/03 941-341-0660
Daytime Phone #

CR2E034 (10/02)