

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0562421 AV

DOCUMENT # P02000082557



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 26 PM 1:44

1. Entity Name  
HUGHES SUNCOAST, INC.

Principal Place of Business  
4134 GULF OF MEXICO DR STE 302  
LONGBOAT KEY FL 34228

Mailing Address  
4134 GULF OF MEXICO DR STE 302  
LONGBOAT KEY FL 34228

2. Principal Place of Business  
GATEWAY PROFESSIONAL CARE  
3. Mailing Address  
Same as 2.

Suite, Apt. #, etc.  
SUITE 205 N. CATTLEMEN ROAD

Suite, Apt. #, etc.

City & State  
SARASOTA FLORIDA

City & State

Zip  
34232

Country  
USA

Zip

Country

4. FEI Number  
56-2284669

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HUGHES, DAVID W  
4134 GULF OF MEXICO DR STE 302  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name  
DAVID WYN HUGHES  
Street Address (P.O. Box Number is Not Acceptable)  
GATEWAY PROFESSIONAL CENTER  
SUITE 205, N. CATTLEMEN ROAD  
City  
SARASOTA FL Zip Code  
34232

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5<sup>th</sup> JUNE 2003

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HUGHES, DAVID W  
4134 GULF OF MEXICO DR STE 302  
LONGBOAT KEY FL 34228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
PATTEMORE, JANICE I  
4134 GULF OF MEXICO DR STE 302  
LONGBOAT KEY FL 34228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HUGHES, DAVID W  
GATEWAY PROFESSIONAL CENTER  
SUITE 205 N. CATTLEMEN ROAD (#301)  
SARASOTA FLORIDA 34232 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
HUGHES, JANICE I  
GATEWAY PROFESSIONAL CENTER  
SUITE 205 N. CATTLEMEN ROAD (#301)  
SARASOTA FLORIDA 34232 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000021164240  
06/26/03--01084--001 \*\*\$550.00 ☐ Change ☐ Addition

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

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

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5<sup>th</sup> JUNE 2003

Date Daytime Phone #

CR2E034 (10/02)