FILED

Jul 18, 2003 8:00 am

2003 FOR PROFIT CORPORATION , UNIFORM BUSINESS REPORT (UBR)

Secretary of State P02000118237 DOCUMENT # 07-18-2003 90079 031 ***150.00 1. Entity Name SUNCOASTAERIAL.COM.INC Principal Place of Business Mailing Address OMERTON 1110 TYLER AVE 1110 TYLER AVE SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 02-0698743 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA AGENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE STE 900 MIAM! FL 33131 City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREY, GREGORY D SR NAME NAME STREET ADDRESS 1110 TYLER AVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE FREY, GREGORY D JR NAME NAME STREET ADDRESS 1010 STONIO RIVER DR. STREET ADDRESS 1681 WOODMERE DR CITY-ST-ZIP 'CITY-ST-ZIP" CHARLESTON SC 29407 CHARLESTON, ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME FREY, MAUREEN E NAME STREET ADDRESS STREET ADDRESS 1110 TYLER AVE CITY-ST-7IP SPRING HILL FL 34606 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition FREY, MEGAN E NAME NAME STREET ADDRESS 1110 TYLER AVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report as required by Changed, or on an attachment with an address, with all other like empowered.

Actachment RE: Sun coast arrial, com P02000118237

90144620 July 15, 2003 P02000118237

Dear Person,

I did not receive this form in January.

Therefore I am sending in the form late due to

Conditions beyond my control. Thank you for your understanding.

Smeerely, Gegory D. Any Su (352) 686-1090

encl. # 150. 00 ch