

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90136 013 \*\*\*150.00

0010021 AT

**DOCUMENT # P02000134564**

1. Entity Name  
**FUN COAST HOLDINGS, INC.**



Principal Place of Business  
**6250 2ND AVE S  
ST. PETERSBURG FL 33707**

Mailing Address  
**6250 2ND AVE S  
ST. PETERSBURG FL 33707**

11023708



2. Principal Place of Business  
**The Wen**  
Suite, Apt. #, etc.

3. Mailing Address  
**3301 54th Ave N.**  
Suite, Apt. #, etc.

55-0812231

☒ CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg**  
Zip  
**33714**

City & State  
**FL**  
Zip  
**33714**

FEI Number  
**65-116645**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWMAN, KEITH  
3535 FIRST AVE. NORTH  
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 **Roseanne Duffett**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete  
NAME **DUFFETT, ROSEANNE R**  
STREET ADDRESS **6250 2ND AVE S**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roseanne Duffett** **4/28/03 727-522-5615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)