

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000147775

1. Entity Name
SUNCOAST MOTORS, INC.



Principal Place of Business
853 US 41 BYPASS S
VENICE, FL 34285 US

Mailing Address
853 US 41 BYPASS S
VENICE, FL 34285 US

FILED
Sep 15, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1826227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, ROBERT
853 US 41 BYPASS S
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D,P
NAME	SHAPIRO, ROBERT G
STREET ADDRESS	853 US 41 BYPASS S
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DVPT
NAME	SHAPIRO, ROBERT G
STREET ADDRESS	853 US 41 BYPASS S
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DS
NAME	SHAPIRO, ROBERT G
STREET ADDRESS	853 US 41 BYPASS S
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DT
NAME	SHAPIRO, ROBERT G
STREET ADDRESS	853 US 41 BYPASS
CITY-ST-ZIP	VENICE, FL 34285
TITLE	DIR
NAME	SHAPIRO, ROBERT G
STREET ADDRESS	853 US 41 BYPASS
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/15/08-80007-014 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08

Date

941-232-8189

Daytime Phone #