

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25219

1. Entity Name

SUN COAST SOFTWORKS, INC.

Principal Place of Business

1814 ARBOR DRIVE S
PALM HARBOR FL 34683

Mailing Address

1814 ARBOR DRIVE S
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1632002

Applied For

Not Applicable

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

JOHNSON, CHRISTOPHER D.
1814 ARBOR DRIVE SOUTH
PALM HARBOR FL 34683

Name Gertrude D. Horstman

Street Address (P.O. Box Number is Not Acceptable)

11976 69th Way North

City Largo

FL 34643

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.

SIGNATURE

Christopher D. Johnson
Christopher D. Johnson
President

4/30/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV
NAME JOHNSON, CHRISTOPHER D.
STREET ADDRESS 1814 ARBOR DRIVE S
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

TITLE D
NAME JOHNSON, CHRISTOPHER D.
STREET ADDRESS 1814 ARBOR DRIVE S
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

TITLE SD
NAME JOHNSON, I. BARBARA
STREET ADDRESS 1814 ARBOR DRIVE S
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

TITLE T
NAME HORSTMAN, GERTRUDE D.
STREET ADDRESS 1176 69TH WAY NORTH
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE D
NAME JOHNSON, ROBERT D.
STREET ADDRESS 1742 INDEPENDENCE AVE.
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher D. Johnson
Christopher D. Johnson
President

4/30/2001 727 784 0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90045 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)