

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000014825

1. Entity Name

SUNCOAST AUTO REPAIR CENTER, INC.



Principal Place of Business

1198 EAST BAY DR
LARGO, FL 34640

Mailing Address

1198 EAST BAY DR
LARGO, FL 34640



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3164849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, DEBRA L
1198 E BAY DR
LARGO, FL 34640

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000115387
04/16/04-80022-009 150.00

10.

OFFICERS AND DIRECTORS

TITLE

P

NAME

BROWN, LARRY K

STREET ADDRESS

1198 E BAY DR

CITY-ST-ZIP

LARGO, FL 33770

TITLE

VPST

NAME

BROWN, DEBRA L

STREET ADDRESS

1198 E BAY DR

CITY-ST-ZIP

LARGO, FL 33770

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra L. Brown

4/13/04 (727) 585-2074

Date

Daytime Phone #