


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90025 022 ***150.00

DOCUMENT # P93000037675 1. Entity Name SUNCOAST PAGING & WIRELESS, INC.			
Principal Place of Business 11202 SPRING HILL DR SPRING HILL, FL 34608 US		Mailing Address 11202 SPRING HILL DR SPRING HILL, FL 34608 US	
2. Principal Place of Business 2264 Whisper Walk Dr. Suite, Apt. #, etc.		3. Mailing Address 2264 Whisper Walk Dr. Suite, Apt. #, etc.	
City & State Spring Hill, FL Zip 34606 Country USA		City & State Spring Hill, FL Zip 34606 Country USA	
4. FEI Number 59-3183602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WEISSMAN, DEBRA 11202 SPRING HILL DR SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name Weissman, Debra Street Address (P.O. Box Number is Not Acceptable) 2264 Whisper Walk Dr. City Spring Hill FL Zip Code 34606	
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 <u>Debra Weissman</u> DATE <u>2/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEISSMAN, DEBRA 11202 SPRING HILL DR SPRING HILL, FL 34600	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Weissman, Debra 2264 Whisper Walk Dr. Spring Hill, FL 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <u>Debra Weissman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Debra Weissman 2/20/04 352-666-7243 <small>Date Daytime Phone #</small>	