

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90064 015 \*\*\*150.00

**DOCUMENT # P93000042673**

**1. Entity Name**  
**SUNCOAST FRUIT SHIPPERS, INC.**



**Principal Place of Business**  
**7119 SOUTH TAMiami TRAIL**  
**SARASOTA FL 34231**

**Mailing Address**  
**6969 SOUTH TAMiami TRAIL**  
**SARASOTA FL 34231**

**2. Principal Place of Business**

**AS ABOVE**

**3. Mailing Address**

**AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3188200**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRIVIK, CRAIG M.**  
**7119 SOUTH TAMiami TRAIL**  
**SARASOTA FL 34231**

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

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	VPS	<input type="checkbox"/> Delete
NAME	BRIVIK, SOL H	
STREET ADDRESS	5317 SALISBURY LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRIVIK, P. CRAIG	
STREET ADDRESS	5317 SARISBOUT LN Salisbury Lane	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	BRIVIK, SOL H.	
STREET ADDRESS	5317 Salisbury Lane	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARK BRIVIK	
STREET ADDRESS	5317 Salisbury Lane	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** **SIGNATURE REQUIRED** **SOL H BRIVIK Secretary 04/17/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)