## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P93000047792 1. Entity Name SUN COAST MARKETING CONSULTANTS, INC. 01-19-2001 90165 013 \*\*\*150.00 Principal Place of Business Mailing Address 1802 LAGO VISTA BLVD PALM HARBOR FL 34685 1802 LAGO VISTA BLVD PALM HARBOR FL 34685 იი ი ი ი ი ი ი 2. Principal Place of Business 3. Mailing Address 6839 Royal Ridge C.T. Suite, Apt. #, et0 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3192607 Spring IZip SPRING Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 34606-3434 34606-3434 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEIMANN, HARVEY W 1802 LAGO VISTA BLVD. PALM-HARBOR FL 34685 Zip Code 34606-3434 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 Fiorida (NOTE: Registered Agent signature required when reinstation) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (10/00) Change Addition NAME HEIMANN, HARVEY W NAME 6839 Royal Ridge Ct. Spring Hill, FL 34606-3434 X Change Addition STREET ADDRESS 1802-LAGO-VISTA BLVD. STREET ADDRESS CITY-ST-ZIP PALM-HARBOR-FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME HEIMANN, JEAN M NAME 6839 Royal Ridge Ct. Spring Hill, EL 34606-3434 STREET ADDRESS 1802 LAGO-VISTA BLVD. STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-7IP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**SIGNATURES**