

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057877

1. Entity Name

SUNCOAST BLACKTOP, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90065 037 ***150.00

Principal Place of Business

Mailing Address

~~680 NW 133 DR~~
~~PLANTATION FL 33325~~
~~US~~

~~680 NW 133 DR~~
~~PLANTATION FL 33351-6622~~
~~US~~

2. Principal Place of Business

6107 NW 71 AVE.
Suite, Apt. #, etc.

3. Mailing Address

6107 NW 71 AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMARAC

City & State
TAMARAC

4. FEI Number 65-0434242

Applied For
Not Applicable

Zip 33321 Country BROWARD

Zip 33321 Country BROWARD

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

JONES, SUSANNE M
680 NW 133 DR
PLANTATION FL 33325

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.

SIGNATURE *Susanne M Jones*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/00
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, 2000 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 D
NAME JONES, SUSANNE M
STREET ADDRESS 680 NW 133 DR
CITY-ST-ZIP PLANTATION FL 33325
☒ Delete
ADDRESS Change Only

TITLE
NAME JONES, SUSANNE
STREET ADDRESS 6107 NW 71 AVE
CITY-ST-ZIP TAMARAC 33321
☒ Change ☐ Addition

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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: *Susanne M Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00
Date

954-851-1350
Daytime Phone #

CR2E034 (9/99)