

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90062 022 ***150.00

DOCUMENT # P93000072236

1. Entity Name
SUNCOAST COMMUNICATIONS, INC.



Principal Place of Business
**681 S BLUFORD AVENUE
OCOE FL 34761
US**

Mailing Address
**P.O. BOX 86
OCOE FL 34761**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3214526**

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

**TEWSON, RONALD J
1109 WINDSONG ROAD
ORLANDO FL 32809**

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

NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE
P	TEWSON, RONALD J	12002 MCKINNON ROAD	WINDERMERE FL 34786	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Daytime Phone #

CR2E034 (10/02)