## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # **P93000084533** 1. Entity Name SUNCOAST MACHINE SHORTHAND, INC. 05-01-2001 90104 029 \*\*\*150.00 Principal Place of Business Mailing Address 166 19TH AVE SE 166 19TH AVE SE ST PETERSBURG FL 33705 ST PETERSBURG FL 33705 AUTORKATE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3215491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRETTO, JOHN F Street Address (P.O. Box Number is Not Acceptable) 166 19TH AVE SE ST PETERSBURG FL 33705 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, typed or printed name of registered agent and title if applicable. CATE (NOTE: Registered Agent signature required when reinstating) 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 TITLE TITLE ☐ Delete ☐ Chance Addition JOHN F. DRETTO NAME STREET ADDRESS 166 - 19TH AVENUE S.E. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ST ☐ Delete TITLE TITLE □ Change Addition NAME DRETTO, NANCY NAME STREET ADDRESS 166 - 19TH AVENUE, S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiT! F ☐ Defete TITLE Change Addition 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-ZIP TITLE TITLE ☐ Deiete Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00