

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90156 040 ***150.00

DOCUMENT # P94000027526

1. Entity Name
SUNCOAST MOBILE MARINE CANVAS INC.

Principal Place of Business

**400 ULELAH AVENUE
 A
 PALM HARBOR FL 34683
 US**

Mailing Address

~~KLIMIS, PA., GEORGE, N.
 30 NORTH RING AVE., STE 400.
 TARPON SPRINGS FL 34689-4304
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

400 A Ulelah Avenue

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

US

4. FEI Number

59-3238269

Applied For

Not Applicable

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

~~KLIMIS, GEORGE N.
 30 NORTH RING AVE., SUITE 400
 TARPON SPRINGS FL 34689~~

Name
Charles B. Henry

Street Address (P.O. Box Number is Not Acceptable)
400 A Ulelah Avenue

City
Palm Harbor

FL

Zip Code
34683

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 **Charles B. HENRY**

Charles B Henry April 25, 2000

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to

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	<input type="checkbox"/> Delete
NAME	HENRY, CHARLES B	
STREET ADDRESS	400A ULELAH AVE.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENRY, MICHELLE L	
STREET ADDRESS	400 A. ULEAH AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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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.

SIGNATURE: **Michelle L. Henry** **MICHELLE L. HENRY** 4/25/2000 727-785-2901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)