

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90270 041 ***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 400 ULELAH AVENUE A PALM HARBOR FL 34683 US
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110010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 400 ULELAH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. A
City & State	City & State PALM HARBOR FLORIDA

4. FEI Number 59-3238269	Applied For <input type="checkbox"/> Not Applicable
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Zip 34683	Country PINELLAS	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
~~KLIMIS, GEORGE N~~
~~30 NORTH RING AVE, SUITE 400~~
~~TARPON SPRINGS FL 34689~~

7. Name and Address of New Registered Agent
 Name **CHARLES B. HENRY**
 Street Address (P.O. Box Number Not Acceptable)
400 A ULELAH AVENUE
 City **PALM HARBOR** FL **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** (NOTE: Registered Agent signature required when reinstating) DATE **FEBRUARY 15, 01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, CHARLES B 400A ULELAH AVE. PALM HARBOR FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENRY, MICHELLE L 400 A. ULELAH AVENUE PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Michelle L. Henry* **MICHELLE L. HENRY** 02-15-01 (727) 785-2901
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)