

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032547

1. Entity Name

SUNCOAST GRAPHICS GROUP, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90002 035 ***150.00

Principal Place of Business

Mailing Address

4827 CENTRAL AVENUE
ST. PETERSBURG FL 33713
US

4827 CENTRAL AVENUE
ST. PETERSBURG FL 33713-8140
US

2. Principal Place of Business

3. Mailing Address

5225 33RD STREET EAST

5225 33RD STREET EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FL

BRADENTON, FL

Zip

Country

Zip

Country

34203

US

34203

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENSEN, PHIL J
8319 WHISPERING WOODS COURT
BRADENTON FL 34302

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
MORAND, ANTHONY R
6444 FOX GRAPE LANE
BRADENTON FL 34202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JENSEN, R. L
8319 WHISPERING WOODS COURT
BRADENTON FL 34202 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

VICE PRESIDENT

CR2E034 (9/99)