

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054651

1. Entity Name

SUNCOAST 02 SYSTEMS, INC.

FILED

Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90023 019 \*\*\*550.00

Principal Place of Business

300 S DUNCAN AVE  
#1  
CLEARWATER FL 33706  
US

Mailing Address

8432 W GULF BLVD  
#1  
TREASURE ISLAND FL 33706  
US

2. Principal Place of Business

5113-1st Ave. So

3. Mailing Address

5113-1st Ave. So

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33707

Country

PINELLAS

Zip

33707

Country

PINELLAS

4. FEI Number

59-3272248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACQUES, DENNIS R  
SUNCOAST OG SYSTEMS  
8432 W GULF BLVD, #1  
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name JACQUES, DENNIS R

Street Address (P.O. Box Number is Not Acceptable)

5113-1st Avenue, So.

City

St. Petersburg

FL

Zip Code

33707

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE DPS  
NAME JACQUES, DENNIS R  
STREET ADDRESS 8432 W GULF BLVD, #1  
CITY-ST-ZIP TREASURE ISLAND FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME DENNIS R. JACQUES  
STREET ADDRESS 5113-1st Avenue, So.  
CITY-ST-ZIP St. Petersburg, FL 33707

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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TITLE  
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☐ Change

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☐ Change

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2000

Date

727-381-6141

Daytime Phone #

CR2E034 (5/00)