2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90135 028 ***150.00

911473

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000074567

1. Entity Name
SUNCOAST CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
2251 BOLTON AVE HOMOSASSA SPRINGS FL 34448 US	P O BOX 459 HOMOSASSA SPRINGS FL 34447 US

2. Principal Place of Business		3. Mailing Address	
1 Tearose St			
Suite, Apt. #, etc. Homosassa		Suite, Apt. #, etc.	
City & State Homosassa		City & State	
Zip 34446	Country USA	Zip	Country

4. FEI Number 59-3338451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROWTHORN, RONALD
2251 S. BOLTON AVE.
HOMOSASSA SPRINGS FL 34448

7. Name and Address of New Registered Agent

Name Ronald Rowthorn
Street Address (P.O. Box Number is Not Acceptable) 1 Tearose St
City Homosassa FL Zip Code 34446

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, 2001 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	D ROWTHORN, RONALD 2251 S BOLTON AVE HOMOSASSA SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Ronald Rowthorn 1-29-01 352-382-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #