

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005098

1. Entity Name

SUNCOAST SOUVENIR, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90867 046 \*\*\*550.00

Principal Place of Business

1316 WHITFIELD AVENUE #9  
 SARASOTA FL 34243  
 US

Mailing Address

6512 14TH STREET WEST UNIT 13  
 BRADENTON FL 34207-5001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0633740

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

QUARTUCCIO, JOHN  
 6512 14TH STREET WEST #13  
 BRADENTON FL 34207

Name

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

916 BYRON LANE  
 SARASOTA

City

SARASOTA

FL

Zip Code

34243

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

*John Quartuccio - Retained*

5/8/00

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 PT ☐ Delete  
 NAME QUARTUCCIO, JOHN E III  
 STREET ADDRESS 6512 14TH STREET WEST #13  
 CITY-ST-ZIP BRADENTON FL 34207

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

TITLE VPS ☐ Delete  
 NAME QUARTUCCIO, ELIZABETH  
 STREET ADDRESS 6512 14TH STREET WEST #13  
 CITY-ST-ZIP BRADENTON FL 34207

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Elizabeth Quartuccio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00 (941) 756-7535

Date

Daytime Phone #

CR2E034 (9/99)