

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90236 035 \*\*\*150.00

**DOCUMENT # P96000020010**

**1. Entity Name**  
**SUNCOAST FOOD SERVICES, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1616 GULF-TO-BAY BLVD CLEARWATER FL 33755 US	P.O. BOX 6163 CLEARWATER FL 33758-6163 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

<b>4. FEI Number</b>	<b>59-3379663</b>	<b>Applied For</b>
		<input type="checkbox"/> Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

~~SCHAFFNER, DANIEL K~~  
 830 B KEENE RD N  
 CLEARWATER FL 34615

**7. Name and Address of New Registered Agent**

Name: Richard E Metz Jr  
 Street Address (P.O. Box Number is Not Acceptable): 1060 Fox Hollow Run  
 City: Clearwater State: FL Zip Code: 34698

**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** \_\_\_\_\_ **DATE** 4/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PST METZ, RICHARD E JR 2231 SPRINGRAIN DR CLEARWATER FL</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Richard E Metz Jr 1060 Fox Hollow Run Clearwater, FL 34698</b>
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 in 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 reports 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 authorized 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:** \_\_\_\_\_ **DATE** 4-28-00 **Daytime Phone #** 727446-7981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)