2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000028716** Apr 26, 2000 8:00 am Secretary of State SUNCOAST PRECISION, INC. 04-26-2000 90148 037 ***150.00 Principal Place of Business Mailing Address 7602 CONGRESS ST 7602 CONGRESS ST SUITE 1 SUITE 1 NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653-1107 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3440769 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **NESHTA. ROBERT** Street Address (P.O. Box Number is Not Acceptable) 8530 PRATT DR **NEW PORT RICHEY FL 34654** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete CHITOS, RICHARD NAME STREET ADDRESS **80 BROADWAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESKILL NJ 07626 PCE0 Delete Change ☐ Addition TITLE TITLE NESHTA, ROBERT J NAME NAME 7602 CONGRESS ST, SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP Addition Change: 🖵 🕳 عب Delete TITLE TITLE CHITOS, GEORGE NAME NAME 80 BRAODWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CRESSKILL NJ 07626 Change ___ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 attachproph with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #