

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074182

1. Entity Name

SUNCOAST PARTNERS, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90063 033 ***150.00

Principal Place of Business

Mailing Address

3950 3RD ST. N.
UNIT D
ST. PETERSBURG FL 33703
US

3950 3RD ST. N.
UNIT D
ST. PETERSBURG FL 33703-6113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3518895

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONROE, PETER H
115 112TH AVE. NE. #921
ST. PETE. FL 33716

ADDRESS
CHANGE →

Name

MONROE, PETER H

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

3950 3RD ST N, UNIT D

City

ST PETERSBURG

FL

Zip Code

33703

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

4/21/00

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 P ☐ Delete
NAME MONROE, PETER H
STREET ADDRESS 115 112TH AVE. N.E. #921
CITY-ST-ZIP ST. PETE FL 33716

TITLE P ☒ Change ☐ Addition
NAME MONROE, PETER H
STREET ADDRESS 533 SANDY HOOK RD
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Peter Monroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

Daytime Phone #

CR2E034 (9/99)