2000 UNIFORM BUSINESS REPORT (UBR) FILED. DOCUMENT # P97000087506 00 MAY 01 PH 1: 23 SUNCOAST ACTION MANAGEMENT, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13510-01000-AND-DR 19510-PHRAFLAND-OR: SCHWOLL TO THE 8805 79th Place North 1001 Crescent Lake Dr. North Largo, FL 33777 St. Petersburg, FL 33701 2. Principal Place of Business 3. Mailing Address 8805 79th Place North 1001 Crescent Lake Dr. North Suité, Apt. #, etc. Suite, Act. #, etc. 03/23/2000 90027 032 \$ 150.00 City & State City & State 59-3482106 Largo, FL St. Petersburg, FL Not Applicable Zip Zin Country \$8.75 Additional 5. Certificate of Status Desired Pinellas 33777 **Pinellas** Fee Required 33701 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAE, William J. Street Address (P.O. Box Number is Not Acceptable) 8805 79th Place, North 13510 RIDGELAND-DR. SEMINOLE FL 00776 Largo 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 Fiorida President William J. Rae d blie d applicable. 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition E014 (9/18) ☐ Change TITLE ☐ Defete RAE. WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 13510 RIDGELAND DR. CITY-ST-ZIP CITY-ST-702 SEMINOLE FL 33776 ☐ Addition TITLE TIDE **K**KDelete FRYSTAK, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 13510 RIDGELAND DR. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ☐ Change XX Addition ۷D ☐ Delete TITLE NAME NAME Thomas E. Rae STREET ADDRESS STREET ADDRESS 1001 Crescent Lake Dr. North Apt#1 CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☐ Addition Defete TITLE NALAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Oelete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filling 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.