

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90119 031 ***150.00

DOCUMENT # P98000004060

1. Entity Name

SUNCOAST TRADING GROUP, INC.



Principal Place of Business

7177 AUGUSTA DR
GREEN COVE SPRINGS FL 32043

Mailing Address

7177 AUGUSTA DR
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

406 COUNTRY WOOD CIRCLE

406 COUNTRY WOOD CIRCLE

☐ CHECK HERE IF MAKING CHANGES

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

65-0811360

Applied For

Not Applicable

Zip

32740

Country

Zip

32740

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

HUDSON, KEVIN

7177 AUGUSTA DRIVE

GREEN COVE SPRINGS FL 32043

Name

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

406 COUNTRY WOOD CIRCLE

City

LAKE MARY

FL

Zip

32740

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HUDSON, KEVIN T
7177 AUGUSTA DRIVE
GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
406 COUNTRY WOOD CIRCLE
LAKE MARY, FL 32740 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

407.302-8143

Date

Daytime Phone #

CR2E034 (10/02)