

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022086

1. Entity Name

SUNCOAST DATA SUPPLY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90287 014 ***150.00

Principal Place of Business

Mailing Address

6006 SEMINOLE BLVD.
SEMINOLE FL 33772

6006 SEMINOLE BLVD.
SEMINOLE FL 33772-7335

2. Principal Place of Business

3. Mailing Address

6012 Seminole Blvd.

6012 Seminole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole Florida

City & State

Seminole Florida

Zip

Country

33772

USA

Zip

Country

33772

USA

4. FEI Number

59-3500641

Applied For

Not Applicable

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

BERNARDI, RALPH
11615 82ND TERRACE NORTH
SEMINOLE FL 33772

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME P
STREET ADDRESS BERNARDI, RALPH
CITY-ST-ZIP 11615 82ND TERRACE NORTH
SEMINOLE FL 33772

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Ralph Bernardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (727) 399-1724

CR2E034 (9/99)