

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91162 028 ***150.00

DOCUMENT # P98000025889

1. Entity Name

SUNCOAST CASE MANAGEMENT, INC.

Principal Place of Business

841 PANDA ROAD
 VENICE FL 34293

Mailing Address

841 PANDA ROAD
 VENICE FL 34293

2. Principal Place of Business

312 E. Venice Ave.

Suite, Apt. #, etc.

#116

City & State

Venice, FL

Zip

34292

Country

Sarasota

3. Mailing Address

312 E. Venice Ave

Suite, Apt. #, etc.

#116

City & State

Venice, FL

Zip

34292

Country

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required.

6. Name and Address of Current Registered Agent

KLINGBEIL, ROBERT T JR
 341 VENICE AVE WEST
 VENICE FL 34285

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
 NAME PSD
 STREET ADDRESS HALEY, SUSAN
 CITY-ST-ZIP 841 PANDA ROAD
 VENICE FL 34293

TITLE ☐ Delete
 NAME VTD
 STREET ADDRESS HALEY, ROBERT E
 CITY-ST-ZIP 841 PANDA ROAD
 VENICE FL 34293

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 924 W. Kathy Ct
 CITY-ST-ZIP Venice, FL 34293

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 924 W. Kathy Ct
 CITY-ST-ZIP Venice, FL 34293

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

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 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:

Susan Haley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

(941) 486-1247

Date

Daytime Phone #

CR2E034 (9/01)