FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State P98000028795 DOCUMENT # 1. Entity Name 04-03-2002 90016 050 ***150.00 SUNCOAST PROPERTY INVESTORS, INC. Principal Place of Business Mailing Address 8823 HARPERS GLEN CT 8823 HARPERS GLEN CT JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3501417 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. MCDILL, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 5524 MANFIELDS PL. JACKSONVILLE FL 32207 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. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) TIŤLE Change ☐ Addition Delete TITLE ichard K mcDill MCDILL, RICHARD K NAME NAME 8823 Harpers Glen Ct 5524 MANFIELD PL STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 JACKSONVIlle, FL 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ■ Addition MCDILL, IRENE T NAME NAME 8823 Harpers Glen Ct 5524 MANFIELDS PL STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 JACKSONVIlle FL 37256 CITY-ST-ZIE CITY-ST-ZIP TITÍ F Change - Addition Delete тпг NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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