
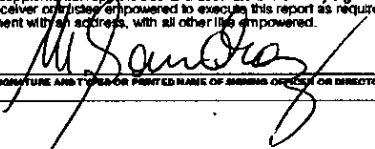


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90208 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000044723</b>			
1. Entity Name <b>SUNCOAST PROPERTIES OF SARASOTA, INC.</b>			
Principal Place of Business 5640 BEAURIVAGE AVE. SARASOTA, FL 34243		Mailing Address 5640 BEAURIVAGE AVE. SARASOTA, FL 34243	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-0837893		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANCHEZ, MARIANNE 5640 BEAURIVAGE AVE SARASOTA, FL 34243</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____			
<small>Signature, typed or printed name of registrant agent and title if applicable. (NOTE: Registered Agent signature required when restructuring)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARIANNE E P	NAME	
STREET ADDRESS	5640 BEAURIVAGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARTINA VP	NAME	
STREET ADDRESS	5640 BEAURIVAGE AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MICHELLE J D	NAME	
STREET ADDRESS	5640 BEAURIVAGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 807, 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 lists empowered.			
SIGNATURE: 		DATE _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

0010111111



CHECK HERE IF MAKING CHANGES

CRS 034 (10/02)