

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056185

1. Entity Name

SUNCOAST PERMIT SERVICE, INC.

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90159 013 \*\*\*150.00

Principal Place of Business

501 KNIGHTS RUN AVENUE  
SUITE 4103  
TAMPA FL 33602  
US

Mailing Address

501 KNIGHTS RUN AVENUE  
SUITE 4103  
TAMPA FL 33602  
US

2. Principal Place of Business

10024 BROMPTON DR

Suite, Apt. #, etc.

3. Mailing Address

10024 BROMPTON DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3520822

Applied For

Not Applicable

Zip

33626

Country

US

Zip

33626

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIVELY, DEREK  
345 BAYSHORE BLVD., #1009  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

DEREK LIVELY

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

10024 BROMPTON DR

City

TAMPA

FL

Zip Code

33626

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)

4/15/01

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, 2001 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 D  
STREET ADDRESS 345 BAYSHORE BLVD., #1009  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PAGLINO, KIM  
CITY-ST-ZIP 16563 HUTCHINSON RD.  
ODESSA FL 33556

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  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)