

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90204 042 ***158.75

05/2988 AV

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1. Entity Name
SUNCOAST ACOUSTICAL CONTRACTORS OF GEORGIA, INC.



Principal Place of Business

9 OAK DR
OCALA FL 34472
US

Mailing Address

~~POST OFFICE BOX 7550~~
OCALA FL 34472

2. Principal Place of Business

3. Mailing Address

9 OAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA FL

Zip

Country

Zip
34472

Country
US

4. FEI Number 59-3531062

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COTTEN, LAWRENCE W
9 OAK DRIVE
OCALA FL 34472

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COTTEN, LARRY**
STREET ADDRESS **9 OAK DR**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **V** ☐ Delete
NAME **SWAB, SPENCER**
STREET ADDRESS **1801 SCREVEN ST**
CITY-ST-ZIP **QUITMAN GA 31643**

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

11. 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

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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 607, 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

352-687-8188

Daytime Phone #

CR2E034 (10/02)