

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085428

1. Entity Name

SUNCOAST MARINE SERVICE INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90072 036 ***150.00

Principal Place of Business

5860 22ND AVENUE N.
 ST. PETERSBURG FL 33710

Mailing Address

5860 22ND AVENUE N.
 ST. PETERSBURG FL 33710-4207

2. Principal Place of Business

6365 41ST AVE. N. ← SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

Zip

33709

Country

Zip

Country

4. FEI Number

59-3535310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASEK, MICHAEL D
 4851 85TH AVENUE
 PINELLAS PARK FL 33781

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DOROSH, VASIL
 CITY-ST-ZIP 5860-22ND AVENUE N.
 ST. PETERSBURG FL 33710

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6365 41ST AVE. N.
 CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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]
 DOROSH, PRES.

3/24/00

727-344-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)