2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092346

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90305 013 ***150.00

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DO NOT WRITE IN THIS SPACE

1. Entity Name

SUNCOAST REPORTING SERVICES, INC.

Principal Place of Business	Mailing Address
1ST AVE N. STE 201 SAINT PETERSBURG FL 33701	501 1ST AVE N. STE 201 SAINT PETERSBURG FL 33701-3715

2. Principal Place of Business	3. Mailing Address
501 First Avenue North	same as principal
Suite, Apt. #, etc.: Suite 402	Suite, Apt. #, etc.: place of business
City & State: St. Petersburg, FL 33701	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3544982 — 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
HYLAND, VIRGINIA 501 1ST AVE. N STE 201 Ste 402 ST PETERSBURG FL 33701	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 NAME STREET ADDRESS CITY-ST-ZIP	PD HYLAND, VIRGINIA 125 78TH AVENUE NORTHEAST SAINT PETERSBURG FL 33702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HYLAND, DEVIN K 125 78TH AVENUE NORTHEAST SAINT PETERSBURG FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice-president Kelly F. Mitchell 501 First Avenue North, #402 St. Petersburg, FL 33701 X ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HYLAND, CHRISTOPHER K 125 78TH AVENUE NORTHEAST SAINT PETERSBURG FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard McDonald (same as above) X ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYLAND, JANNE 125 78TH AVENUE NORTHEAST SAINT PETERSBURG FL 33702 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bobbie Jo Willey. (same as above) X ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Virginia L. Hyland SIGNATURE REQUIRED — 4/27/00 — (727) 823-1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIRGINIA L. HYLAND