

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90279 025 ***150.00

0942112 AV

DOCUMENT # P98000092346

1. Entity Name
SUNCOAST REPORTING SERVICES, INC.

Principal Place of Business Mailing Address
501 1ST AVE N. **501 1ST AVE N.**
STE 402 **STE 402**
SAINT PETERSBURG FL 33701 **SAINT PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
700 Central Avenue **700 Central Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
404 **404**
 City & State City & State
St. Petersburg, FL **St. Petersburg, FL**
 Zip Zip Country Country
33701 **33701** **Pinellas** **Pinellas**

4. FEI Number Applied For
59-3544982 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 **700 Central Avenue,**
STE 402 **Suite 404**
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 *Virginia L. Hyland* 4/22/02
Signature, typed or printed name of registered agent and title (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, 2002 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 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MITCHELL, KELLY F 501 FIRST AVE N #402 700 Central Ave. SAINT PETERSBURG FL 33701 St. Pete 33701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCDONALD, RICHARD 501 FIRST AVE N #402 same as SAINT PETERSBURG FL 33701 above <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILLEY, BOBBIE J 501 FIRST AVE N #402 same as SAINT PETERSBURG FL 33701 above <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* **REQUIRED** 4/22/02 727-823-1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)