

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90267 049 ***150.00

DOCUMENT # P98000092346



1. Entity Name
SUNCOAST REPORTING SERVICES, INC.

Principal Place of Business
**700 CENTRAL AVE.
STE 404
SAINT PETERSBURG FL 33701**

Mailing Address
**700 CENTRAL AVE.
STE 404
SAINT PETERSBURG FL 33701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3544982**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYLAND, VIRGINIA
501 1ST AVE. N
STE 402
ST PETERSBURG FL 33701**

Name
Virginia L. Hyland

Street Address (P.O. Box Number is Not Acceptable)
700 Central Avenue, Suite 404

City
St. Petersburg **FL** Zip Code
33701

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 *Virginia L. Hyland*

4/21/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HYLAND, VIRGINIA	
STREET ADDRESS	125 78TH AVENUE NORTHEAST	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, KELLY F	
STREET ADDRESS	700 CENTRAL AVE.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONALD, RICHARD	
STREET ADDRESS	700 CENTRAL AVE.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLEY, BOBBIE J	
STREET ADDRESS	700 CENTRAL AVE.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Virginia L. Hyland* **4/21/03** **(727) 823-1876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)