

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001441

1. Entity Name

SUNCOAST SKYLINE DISPLAYS & GRAPHICS, INC.

R

Principal Place of Business

Mailing Address

5041 W. CYPRESS AVENUE
SUITE 200
TAMPA FL 33607

5041 W. CYPRESS AVENUE
SUITE 200
TAMPA FL 33607-3803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.

Zip

Country

U.S.

6. Name and Address of Current Registered Agent

HOYORD, ROBERT J
5041 W. CYPRESS AVENUE
SUITE 200
TAMPA FL 33607

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.

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 | D HOYORD, ROBERT J 4006 PRIORY CIRCLE TAMPA FL 33624 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOYORD, CATHERINE C 4006 PRIORY CIRCLE TAMPA FL 33624 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

813-287-0002

Daytime Phone #

FILED

Jul 05, 2000 8:00 am
Secretary of State

07-05-2000 90480 001 ***150.00

07-05-2000 90480 002 ***400.00

18036

DO NOT WRITE IN THIS SPACE