

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019727

1. Entity Name

SUNCOAST PROPERTY INSPECTIONS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90202 023 \*\*\*150.00

Principal Place of Business

Mailing Address

5300 CARMILFRA DR.  
SARASOTA FL 34231

5300 CARMILFRA DR.  
SARASOTA FL 34231-4271

2. Principal Place of Business

231 S. NOKOMIS AVE.

3. Mailing Address

P.O. BOX 1575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suited

City & State  
Venice, FL

City & State  
Venice, FL

4. FEI Number

65-0906259

Applied For

Not Applicable

Zip  
34293

Country

USA

Zip

34284

Country

USA

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

LABOLT, HAROLD W  
5000 CARMILFRA DR. 5608 29th St. Circle E.  
SARASOTA FL 34231 Bradenton, FL 34203

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 LABOLT, HAROLD W  
STREET ADDRESS 5300 CARMILFRA DR.  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS Paul E. LaBolt  
CITY-ST-ZIP 5703 41st St. E.  
Bradenton, FL 34203

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS John D. LaBolt  
CITY-ST-ZIP 500 Foxglove Rd.  
Ipswich, MA 01923

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Harold W. LaBolt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2E034 19/99