

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90012 011 ***550.00

DOCUMENT # P99000020704

1. Entity Name

SUNCOAST WHEEL & MARKETING, INC.



Principal Place of Business
254 N.E. SURFSIDE AVENUE
PORT ST. LUCIE FL 34983

Mailing Address
254 N.E. SURFSIDE AVENUE
PORT ST. LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (4/04)

4. FEI Number

59-3561641

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

DOYLE, EDWARD J
254 NE SURFSIDE AVE
PORT SAINT LUCIE FL 34983

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 D ☐ Delete
NAME DOYLE, EDWARD J
STREET ADDRESS 254 NE SURFSIDE AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

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

TITLE D ☐ Delete
NAME CRIPPS-DOYLE, DEBORA
STREET ADDRESS 254 NE SURFSIDE AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

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

TITLE D ☐ Delete
NAME LINCOLN, WILLIAM
STREET ADDRESS NO. 5798 RIVAGE PROMENADE
CITY-ST-ZIP WILMINGTON NC 28412

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 110 TURTLE CAY UNIT 10
CITY-ST-ZIP WILMINGTON, DEL 28412

TITLE D ☐ Delete
NAME LINCOLN, CONNIE
STREET ADDRESS NO. 5798 RIVAGE PROMENADE
CITY-ST-ZIP WILMINGTON NC 28412

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 110 TURTLE CAY UNIT 10
CITY-ST-ZIP WILMINGTON, DEL 28412

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

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:

Edward J. Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04
Date

772-878-3020
Daytime Phone #