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2002 Uniform Business Report (UBR)

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15, 2002 8:00 am Secretary of State P99000045175 DOCUMENT # 1. Entity Name SUNCOAST BAY DEVELOPMENT, INC. 04-15-2002 90012 041 ***150.00 Principal Place of Business Mailing Address 622 F. TARPON AVENUE 622 E. TARPON AVENUE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address 2676 Bayshore Blub 2676 Bayshore Suite, Apt. #, etc. Suite, Apt, 积 etc. DO NOT WRITE IN THIS SPACE Unit City & State City & State 4. FEI Number Applied For 65-0916878 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Merskin MERSKIN, DONALD H Address (P.O. Box Number is Not Acceptable 622 E. TARPON AVENUE TARPON SPRINGS FL 34689 Zip Code 34698 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE ☐ Addition MERSKIN, DONALD NAME NAME **CR2E034** 15 CENTRAL CT. STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Douglas Merskin NAME NAME STREET ADDRESS STREET ADDRESS 690 Anclote Re CITY-ST-ZIP CITY-ST-7IP Tacpan Springs, FC ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied mental 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 received for the same appears in Block 11 or Block 12 if changed of on an attactimen ldress, with all other like empowered.