

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 014 ***550.00

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DOCUMENT # P99000059048

1. Entity Name

SUNCOAST WOODCRAFTERS, INC.



Principal Place of Business

10718 61ST AVE N
SUITE #1
SEMINOLE FL 33772

Mailing Address

10718 61ST AVE N
SUITE #1
SEMINOLE FL 33772

2. Principal Place of Business

4505 131st AVE N.
Suite, Apt. #, etc. #22

3. Mailing Address

4505 131st AVE. N.
Suite, Apt. #, etc. #22



☐ CHECK HERE IF MAKING CHANGES

City & State

CLEARWATER, FLA

City & State

CLEARWATER, FLA

4. FEI Number

59-3585071

Applied For

Not Applicable

Zip 33762

Country

USA

Zip 33762

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITHERS, HOYT
1532 - 77TH STREET NORTH
ST. PETERSBURG FL 33701

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

SIGNATURE HOYT WITHERS PRES.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-8-03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **WITHERS, HOYT**
STREET ADDRESS **1532 - 77TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **TORRES, RONNIE G**
STREET ADDRESS **10844 - 60TH AVENUE NORTH**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: HOYT WITHERS PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/03 727-299-9430

CR2E034 (4/03)