

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90006 001 \*\*\*\*\*8.75  
 05-24-2000 90006 002 \*\*\*150.00

**DOCUMENT # P99000099911**

1. Entity Name

**SUNCOAST BUILDING SYSTEMS, INC.**

Principal Place of Business

Mailing Address

17170 ETHEL RD.  
 JACKSONVILLE FL 32218

17170 ETHEL RD.  
 JACKSONVILLE FL 32218-1111

2. Principal Place of Business

3. Mailing Address

**2820 CAPPER RD**

**2820 CAPPER ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**JACKSONVILLE, FLORIDA**

**JACKSONVILLE, FLORIDA**

Zip

Country

Zip

Country

**32218**

**USA**

**32218**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, MICHAEL P**  
**17170 ETHEL RD.**  
**JACKSONVILLE FL 32218**

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.

**MICHAEL P. TAYLOR PTD**

DATE

**5-16-00**

(NOTE: Registered Agent Signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL P	
STREET ADDRESS	17170 ETHEL RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOZEMAN, CECIL R JR.	
STREET ADDRESS	2820 CAPPER RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KOTSIS, ROBERT L	
STREET ADDRESS	15814 PARETE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZEMAN, SHERIE E.	
STREET ADDRESS	2820 CAPPER RD.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**MICHAEL P. TAYLOR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/16/00**

**904-764-1855**