

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000099911**

1. Entity Name

SUNCOAST BUILDING SYSTEMS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90320 034 ***150.00

Principal Place of Business

**2820 CAPPER RD
JACKSONVILLE FL 32218**

Mailing Address

**2820 CAPPER RD
JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3608087**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

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 re-registering)

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, 2001 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PTD						
	TAYLOR, MICHAEL P	17170 ETHEL RD.	JACKSONVILLE FL 32218				
	VD						
	BOZEMAN, CECIL R JR.	2820 CAPPER RD.	JACKSONVILLE FL 32218				
	S						
	BOZEMAN, SHERRIE E	2820 CAPPER RD	JACKSONVILLE FL 32218				

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: SHERRIE E. BOZEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherrie E. Bozema 4-18-01 - 904/764-9262
Date Daytime Phone No.

CR2E034 (10/00)