

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90297 013 \*\*\*150.00

**DOCUMENT # S24397**

1. Entity Name

**SUN COAST MERRY MAIDS, INC.**

Principal Place of Business

**12763 S TAMiami TRAIL  
 NORTH PORT FL 34287  
 US**

Mailing Address

**12763 S TAMiami TRAIL  
 NORTH PORT FL 34287  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**6691 Electra Ave**

Suite, Apt. #, etc.

**PO Box 7810**

City & State

**NORTH PORT FL**

City & State

**NORTH PORT FL**

Zip

**34287**

Country

**USA**

Zip

**34287**

Country

**USA**

4. FEI Number

**65-0234422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JACOBS, JUDITH N  
 12763 S TAMiami TRAIL  
 NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name

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

**6691 Electra Ave**

City

**NORTH PORT**

**FL**

Zip Code

**34287**

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

**4/30/02**

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, 2002 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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	JACOBS, DONALD P	
STREET ADDRESS	12763 S TAMiami TRAIL	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	JACOBS, JUDITH N	
STREET ADDRESS	12763 S TAMiami TRAIL	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, JON D	
STREET ADDRESS	3527 ERIE CT.	
CITY-ST-ZIP	NORTH PORT FL 34287	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 (941) 426-4665**

Date

Daytime Phone #

CR2E034 (9/01)