2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39161

1. Entity Name

SUNCOAST PERFORMANCE PRODUCTS, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90055 039 ***150.00

Principal Place of Business 5020 - 110TH AVE. N. CLEARWATER FL 33760 US 2. Principal Place of Business		Mailing Address 5020 - 110TH AVE. N. CLEARWATER FL 33760 US 3. Mailing Address				90008492				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4.	FEI Number 59-3189891			plied For t Applicable	
Zip	Country	Zip	try	5. (5. Certificate of Status Desired \$8.75 Additional Fee Required					
	────────────────────────────────────	Registered Agent				Name and Address of New Regis	tered Age	ent		
				Name						
	CH, DEREK P.	Street Addres			ss (P.O. B	s (P.O. Box Number is Not Acceptable)				
	NUT ST NE									
SI PEIER	SBURG FL 33704									
				City			FL	Zip Code	•	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent			ed office or regi			I am fam	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financia Trust Fund Contribution.	<u> </u>	Added	0 May Be to Fees	
10.	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEINBACH, DEREK P. 3101 WALNUT ST NE			ı] Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBACH, DEREK P. 3101 WALNUT ST NE ST PETERSBURG FL	☐ Delete		J] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete				ه بر این به دیا به مسیدی مسیدی] Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete] Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete					Г] Change	Addition	
TITLE NAME Street Address City-St-Zip		□ Delete] Change	Addition	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

EINBACH 1/22/03 727-571-30

CR2E034 (10/0)