

DOCUMENT # V54051

SUNCOAST REAL ESTATE CONSULTANTS, INC.

Apr 02, 2001 8:00 am
Secretary of State

0415898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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DO NOT WRITE IN THIS SPACE

CARSON, S. DUDLEY
5200 OCEAN BLVD
SARASOTA FL 34242

Name

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, S. DUDLEY	
STREET ADDRESS	5200 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA FL	

TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY-STATE-ZIP	
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
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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				

CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		

CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				
NAME				
STREET ADDRESS				

[illegible]

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date _____

Daytime Phone # _____

CR2E034.(10/00)