

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90067 021 ***150.00

933180



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000083199

1. Entity Name
COASTAL WINDOWS & DOORS, INC.

Principal Place of Business 6001 GEORGIA AVE #9 WEST PALM BEACH FL 33405	Mailing Address 6001-GEORGIA-AVE #9 WEST PALM BEACH FL 33405
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2. Principal Place of Business 8300 Resource Rd	3. Mailing Address 8300 Resource Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State W.P.B. FL	City & State W.P.B. FL
Zip 33404	Zip 33404
Country USA	Country USA

4. FEI Number **65-0865298**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOME, WILLIAM R. H. ESQ.
 1818 SOUTH AUSTRALIAN AVENUE
 SUITE 202
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLWOOD, JAMES E JR. 6001 GEORGIA AVE #9 WEST PALM BEACH FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FULLWOOD, DENNIS C 6001 GEORGIA AVENUE # 9 WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED **3/7/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CRZE034 (9/01)