

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90115 018 ***150.00

0377498 AV

DOCUMENT # P98000083199

1. Entity Name
COASTAL WINDOWS & DOORS, INC.



Principal Place of Business
**8300 RESOURCE ROAD
WEST PALM BEACH FL 33404**

Mailing Address
**8300 RESOURCE ROAD
WEST PALM BEACH FL 33404**



2. Principal Place of Business

3. Mailing Address

Suits, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0865298**

Applied For
Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	FULLWOOD, DENNIS C	
STREET ADDRESS	6001 GEORGIA AVENUE # 9	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	STDP	<input type="checkbox"/> Delete
NAME	FULLWOOD, JAMES E JR	
STREET ADDRESS	6001 GEORGIA AVENUE # 9	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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		

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)

Attachment

9035184

P98000083199



COASTAL

Windows & Doors, Inc.

May 13, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report:

To Whom It May Concern:

This 2003 Uniform Business Report was filed in the bills already paid file by mistake. I called your office today explaining what had happened and the lady said to send check for \$150.00 with a letter explaining the circumstances.

Please except and process this payment. Your cooperation would be greatly appreciated.

Thank you,

Susan Delburn
Susan Delburn/Accounts Receivables
Coastal Windows & Doors, Inc.

James E. Fullwood
James E. Fullwood, President