

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90006 010 \*\*\*150.00

DOCUMENT # **P98000094777**

1. Entity Name

**Coastal Title & Escrow Services, Inc.**

Principal Place of Business

Mailing Address

**659141**

2. Principal Place of Business

**7900 Glades Road**

3. Mailing Address

**7900 Glades Road**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**59-3541752**

Applied For

Not Applicable

Zip

**33434**

Country

Zip

**33434**

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Andrew B. Blasi, P.A.**

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

**7900 Glades Road,**

**Suite 300**

City

**Boca Raton**

**FL**

Zip Code

**33434**

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

*Andrew Blasi*

**4/30/2001**

DATE

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

(NOTE: Registered Agent signature required when reappointing)

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

FILE MONTHLY FEE IS \$150.00

After MAY 1, 2001 Fee will be \$450.00

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 **p/s/d**  Delete  
 NAME **Andrew B. Blasi**

TITLE **p/s/d**  Change  Addition  
 NAME **Andrew B. Blasi**  
 STREET ADDRESS **7900 Glades Road, Suite 300**  
 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  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)(f), 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:

*Andrew Blasi*

**4/30/2001**

Date

Digits Phone #

**561-483-8700**

CR2ED34 (11/00)