

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 007 ***150.00

DOCUMENT # P99000017355

1. Entity Name

COASTAL UNDERGROUND SERVICES, INC.

Principal Place of Business

**2190 N. CREDE AVENUE
CRYSTAL RIVER FL 34428**

Mailing Address

**2190 N. CREDE AVENUE
CRYSTAL RIVER FL 34428-5812**

2. Principal Place of Business

2190 N. Crede Ave
Suite, Apt. #, etc.

3. Mailing Address

2190 N. Crede Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number **59-3561160**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, DANIEL ESQ.
421 SOUTH PINE AVENUE
OCALA FL 34474**

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

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, 2000 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 **PD** ☐ Delete
NAME **BUCKINGHAM, HAROLD**
STREET ADDRESS **2190 N. CREDE AVENUE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **SD** ☐ Delete
NAME **SEFFERN, TRACY**
STREET ADDRESS **2190 N. CREDE AVENUE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
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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)(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:

Tracy F. Seffern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 352-795 9357