above, or on an attachment with all other like empowered. SIGNATURE: SUZANNE SPILLERS DIRECTOR

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000029996

Entity Name: COASTLINE BUILDING SPECIALISTS, INC.

#### **Current Principal Place of Business:**

4400 P.G.A. BLVD. SUITE 200 PALM BEACH GARDENS, FL 33410

#### **Current Mailing Address:**

4400 P.G.A. BLVD. SUITE 200 PALM BEACH GARDENS, FL 33410 US

## FEI Number: 65-0413457

## Name and Address of Current Registered Agent:

SPILLERS, SUZANNE 4400 P.G.A. BLVD SUITE 200 PALM BEACH GARDENS, FL 33410 US

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:

## **Officer/Director Detail :**

Title	D	Title	D
Name	SPILLERS, SUZANNE	Name	SPILLERS, RANDALL M
Address	4400 P.G.A. BLVD., SUITE 200	Address	4400 P.G.A. BLVD., SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

Electronic Signature of Registered Agent Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 04/21/2014

Date

#### FILED Apr 21, 2014 Secretary of State CC2979175662

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail