

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90113 038 ***150.00

DOCUMENT # 240814

1. Entity Name
COAST TO COAST ADVERTISING, INC.

Principal Place of Business

**1500 N DALE MABRY
P O BOX 31601
TAMPA FL 33631-0601**

Mailing Address

**1500 N DALE MABRY
P. O. BOX 31601. TAX DEPT. 7-EAST
TAMPA FL 33631-0601**

2. Principal Place of Business

4211 W. Boy Scout Blvd.

Suite, Apt. #, etc.

Suite 1000

City & State

Tampa, FL 33607

Zip
33607

Country

3. Mailing Address

4211 W. Boy Scout Blvd.

Suite, Apt. #, etc.

Tax Dept. Suite 1000

City & State

Tampa, FL 33607

Zip
33607

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6081943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, R.W. 1500 N DALE MABRY TAMPA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, G. ROBERT 1500 N. DALE MABRY HWY TAMPA FL 33607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HULT, FRANK A 1500 N DALE MABRY HWY TAMPA FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRABB, ROGER A 1500 NO DALE MABRY TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, E. A 1500 NORTH DALE MABRY TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMY, RICHARD E 1500 NORTH DALE MABRY TAMPA FL <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4211 W. Boy Scout Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4211 W. Boy Scout Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4211 W. Boy Scout Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AT EISCH, CYNTHIA B. 4211 W. Boy Scout Blvd. Tampa, FL 33607

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 life empowered.

COAST TO COAST ADVERTISING, INC.

SIGNATURE: By Cynthia B. Eisch, Asst. Treasurer 2/15/2002 813.871.4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)