

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 273932

1. Entity Name

COASTAL INSURANCE SERVICE, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90004 003 \*\*\*150.00

Principal Place of Business

201-205 S PINELLAS AVE.  
TARPON SPRINGS FL 34689

Mailing Address

C/O BETTY J CRETEKOS  
PO BOX 1088  
TARPON SPRINGS FL 34688-1088  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1029804

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAVOUKLIS, ANGELIKI M  
385 BANANA ST.  
TARPON SPRINGS FL 34689

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	P	<input type="checkbox"/> Delete
NAME	CRETEKOS, BETTY J	
STREET ADDRESS	ST. GEORGES LODGE #3379	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAUSE, ROBERT P	
STREET ADDRESS	1316 BELCHER DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWARTSEL, E. F.	
STREET ADDRESS	4419 GRAND BLVD.	
CITY-ST-ZIP	ELFERS FL 34680	
TITLE	T	<input type="checkbox"/> Delete
NAME	TARAPANI, ABE L	
STREET ADDRESS	750 BAYSHORE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANESKIS, GRACE	
STREET ADDRESS	853 OAKWOOD DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, JAMES M	
STREET ADDRESS	35 WEST LEMON STREET	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Betty J Cretekos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION  
BETTY J CRETEKOS, PRES.

Date

Daytime Phone #

2-16-00

(727) 939-2849

CR2E034 (9/99)