

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90203 018 ***150.00

DOCUMENT # 383528

1. Entity Name
COASTLINE VENDING, INC.

Principal Place of Business 600 NE 42ND STREET POMPANO BEACH FL 33064	Mailing Address 4221 NE 27TH AVENUE LIGHTHOUSE POINTE FL 33064-8061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4221 NE 27th AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LIGHTHOUSE POINTE, FL	City & State	4. FEI Number 59-1354731	Applied For <input type="checkbox"/> Not Applicable
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Zip 33064	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOBLE, RICHARD D 4221 NE 27TH AVENUE LIGHTHOUSE POINTE FL 33064		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 *Richard D. Noble* **RICHARD D. NOBLE** (NOTE: Registered Agent signature required when reinstating) DATE **2-28-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOBLE, PATRICIA		NAME	
STREET ADDRESS 4221 NE 27TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP LIGHTHOUSE POINTE FL 33064		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Patricia Noble* **PATRICIA NOBLE** DATE: **2-28-00** DAYTIME PHONE #: **954-782-5104**

CR2E034 (9/99)