

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90039 027 ***150.00

DOCUMENT # F98000005358

1. Entity Name
NEWCOAST FINANCIAL SERVICES, INC.

Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH, SUITE 499 CLEARWATER FL 33764	Mailing Address 18167 U.S. HIGHWAY 19 NORTH, SUITE 499 CLEARWATER FL 33764
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3529057		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (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) <input type="checkbox"/>	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. <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	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCGILL, WILLIAM H JR			NAME	JIM KELAITA		
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499			STREET ADDRESS	18167 US 19 NORTH, SUITE 499		
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP	CLEARWATER, FL 33764		
TITLE	SD /VP /T	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCLAMB, MICHAEL H			NAME	KYLE VOLLENWEIDER		
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499			STREET ADDRESS	18167 US 19 NORTH, SUITE 499		
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP	CLEARWATER, FL 33764		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRAHN, KURT			NAME	JACK P. EZZELL		
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499			STREET ADDRESS	18167 US 19 NORTH, SUITE 499		
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP	CLEARWATER, FL 33764		
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: *[Signature]* **1/10/02** **(727) 531-1700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)