

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**  
 02-26-2002 90074 034 \*\*\*150.00

11-000124 AV

<b>DOCUMENT #</b>	<b>H38637</b>
<b>1. Entity Name</b>	
FLORIDA COAST EQUIPMENT, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
9775 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437-9701	9775 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437-9701

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>59-2490149</b>		<b>Applied For</b>	
				<b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVIS, DENNIS 11276 NW 7TH ST CORAL SPRINGS FL 33071			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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b>	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--------------------------	---	---	---

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DAVIS, DENNIS B	<b>NAME</b>	
<b>STREET ADDRESS</b>	% 9775 W. BOYNTON BEACH BLVD.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH FL 33437-9701	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VS</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DAVIS, KARLA A	<b>NAME</b>	
<b>STREET ADDRESS</b>	% 9775 W. BOYNTON BEACH BLVD.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH FL 33437-9701	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 REQUIRED**

**2.6.02 561-369-0414**

Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CR2E034 (9/01)