2/9/00-90085-046-\$158.75-\$158.75

## 2000 UNIFORM BUSINESS RÉPORT (UBR)

| DOCUMENT # L74674  1. Entity Name  COAST TO COAST SERVICES, INC.   |  |   |   | FILED   |                   |  |                    |                                   |                 |          |                       |                 |               |           |
|--|--|---|---|---|-------------------|--|--------------------|-----------------------------------|-----------------|----------|-----------------------|-----------------|---------------|-----------|
|  |  |   |   | 01  | O MAR 14          | AM 9: 57                                       |                    |                                   |                 |          |                       |                 |               |           |
| Diseles Dise   |  | New Address   |   | <del>-</del> ( s  | <b>SEREMBY</b>    | OF STATE                                       |                    |                                   |                 |          |                       |                 |               |           |
| Principal Place of Business  7905 LITTLE ROAD NEW PORT RICHEY FL 34654 US  2. Principal Place of Business  Suite, Apt. #, etc.  City & State   |  | Mailing Address P.O. BOX 1056 NEW PORT RICHEY FL 34656-1056 US  3. Mailing Address Suite, Apt. #, etc. City & State |   | TÀ  | <b>LUARIAGSF</b>  | E. FEORIBA                                     |                    |                                   |                 |          |                       |                 |               |           |
|  |  |   |   | DO NOT WRITE IN THIS SPACE  4. FEI Number 59-3021607 Applied For Not Applied  |                   |  |                    |                                   |                 |          |                       |                 |               |           |
|  |  |   |   |   |                   |  |                    |                                   |                 |          |                       |                 |               |           |
|  |  |   |   |   |                   |  | Zip                | Country                           | Zip             | Country  | 5. Certificate of Sta | atus Desired    | \$8.75 Ad     | Iditional |
|  |  |   |   |   |                   |  |                    | 6. Name and Address of Current Re | egistered Agent | <u> </u> | 7. Name and Addr      | ress of New Reg | Istered Agent |           |
|  |  |   | Name  |   |                   |  |                    |                                   |                 |          |                       |                 |               |           |
|  | CH, BETTY  |   | Street Addre  | ss (P.O. Box Number is N  | lot Acceptable)   |  |                    |                                   |                 |          |                       |                 |               |           |
|  | LITTLE ROAD  |   |   | 33 (1.0.) 300 (144) 300 (14 |                   |  |                    |                                   |                 |          |                       |                 |               |           |
| P.O. BOX 1056<br>NEW PORT RICHEY FL 34656-1056   |  |   |   | ·   |                   | <u> </u>                                       |                    |                                   |                 |          |                       |                 |               |           |
| NEW FORD RICHET FL 34030-1030  |  |   | City  |   |                   | FL Zip Coo                                     | de                 |                                   |                 |          |                       |                 |               |           |
| IGNATURE   | Signature, typed or printed name of registered agent and   |   | TE: Registered Agent signature req  | ured when minstating)   | <br>_ <del></del> | DATE   |                    |                                   |                 |          |                       |                 |               |           |
| IGNATURE   |  | FILE NOW<br>After MAY 1, 2  | -   | 10. Election<br>Trust Fur   | Campaign Finance  | cing <u>-</u> \$5.0                            | 00 May Bed to Fees |                                   |                 |          |                       |                 |               |           |
| 9. This corpo  | Signature, typed or printed name of registered agent and<br>pration is eligible to satisfy its Intangible<br>equirement and elects to do so.   | FILE NOW<br>After MAY 1, 2<br>Make Check Paya   | TE: Registered Agent signature requirements of the TEE IS \$150.00 000 Fee will be \$550.0  | 10. Election<br>Trust Fur   | nd Contribution.  | cing <u>-</u> \$5.0                            | d to Fees          |                                   |                 |          |                       |                 |               |           |
| 9. This corpo<br>Tax filing ri<br>(See criter  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, is on back)  OFFICERS AND D   | FILE NOW<br>After MAY 1, 2<br>Make Check Paya   | TE Registered Agent eignessive red  7!!! FEE IS \$150.00  000 Fee will be \$550.0  ble to Department of 12.  12.  | 10. Election<br>Trust Fur   | nd Contribution.  | cing , \$5.0                                   | d to Fees          |                                   |                 |          |                       |                 |               |           |
| GIGNATURE  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)  OFFICERS AND D  PVST  ULRICH, BETTY  | FILE NOW<br>After MAY 1, 2<br>Make Check Paya   | TE Hogistared Agent eignesture red  7!!! FEE IS \$150.00  000 Fee will be \$550.0  ble to Department of 12.  TILE  NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing \$5.0 Adde                                | d to Fees          |                                   |                 |          |                       |                 |               |           |
| 9. This corpor Tax filing re (See criter 1.  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)  OFFICERS AND D  PVST  ULRICH, BETTY  7935 LITTLE ROAD  | FILE NOW<br>After MAY 1, 2<br>Make Check Paya   | TE Registered Agent eignessive red  7!!! FEE IS \$150.00  000 Fee will be \$550.0  ble to Department of 12.  12.  | 10. Election<br>Trust Fur   | nd Contribution.  | cing \$5.0 Adde                                | d to Fees          |                                   |                 |          |                       |                 |               |           |
| 9. This corpor Tax filing re (See criter 11.   | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)  OFFICERS AND D  PVST  ULRICH, BETTY  | FILE NOW After MAY 1, 2 Make Check Paya IRECTORS  | TE Registered Agent eignesture red  7!!! FEE IS \$150.00  000 Fee will be \$550.0  ble to Department of 12.  7ITLE  NAME  STREET ADDRESS  | 10. Election<br>Trust Fur   | nd Contribution.  | cing \$5.0 Adde                                | d to Fees          |                                   |                 |          |                       |                 |               |           |
| J. This corpor Tax filing re (See criter 1.  ILE AME TREET ADDRESS ITY-ST-ZIP  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT                  | FILE NOW After MAY 1, 2 Make Check Paye  IRECTORS  Delete   | TE Registered Agent eignessure red 7(!!) FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of : 12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.0 Adde                                 | d to Fees          |                                   |                 |          |                       |                 |               |           |
| This corpor Tax filing re (See criter  1.  ILE AME IREET ADDRESS ITY-SI-ZIP TILE AME IREET ADDRESS.  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT 4049 BADEN DRIVE | FILE NOW After MAY 1, 2 Make Check Paye  IRECTORS  Delete   | TE Registered Agent eignessure red 7(!!) FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of : 12.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.0 Adde                                 | d to Fees          |                                   |                 |          |                       |                 |               |           |
| IGNATURE Tax filing re (See criter  1.  TLE  AME TREET ADDRESS TTY-ST-ZIP TLE  AME TREET ADDRESS. TTY-ST-ZIP   | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT                  | FILE NOW After MAY 1, 2 Make Check Paya IRECTORS  Delete  | TE: Registered Agent eigneture requirement of \$7!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.0 Adde  ERS AND DIRECTOR Change Change | d to Fees          |                                   |                 |          |                       |                 |               |           |
| IGNATURE  Tax filing re (See criter  1.  TLE  AME  TREET ADDRESS  TTY-ST-ZIP  TLE  AME  TREET ADDRESS.  TY-ST-ZIP  TLE   | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT 4049 BADEN DRIVE | FILE NOW After MAY 1, 2 Make Check Paye  IRECTORS  Delete   | TE Registered Agent eignessure red 7(!!) FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of : 12.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.0 Adde                                 | d to Fees          |                                   |                 |          |                       |                 |               |           |
| This corpor<br>Tax filling re<br>(See criter)  T.  TLE  MME  REET ADDRESS TY-ST-ZIP  TLE  MME  REET ADDRESS TY-ST-ZIP  TLE  MME  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT 4049 BADEN DRIVE | FILE NOW After MAY 1, 2 Make Check Paya IRECTORS  Delete  | TE Registered Agent eignessure red  7(!!) FEE IS \$150.00  000 Fee will be \$550.0  12.  111.  111.  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.0 Adde  ERS AND DIRECTOR Change Change | d to Fees          |                                   |                 |          |                       |                 |               |           |
| IGNATURE  Tax filing re (See criter  1.  TLE  AME  TREET ADDRESS  TTY-ST-ZIP  TLE  AME  TTY-ST-ZIP  TLE  AME  TTY-ST-ZIP  TLE  AME  TTY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT 4049 BADEN DRIVE | FILE NOW After MAY 1, 2 Make Check Payer TRECTORS Delete Delete   | TE: Registered Agent eigneture requirement of \$119 FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of \$12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.C Adde                                 | d to Fees          |                                   |                 |          |                       |                 |               |           |
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| CONATURE This corporate filling in (See criter I The corporate filling in (See criter I The corporate filling in (See criter I The corporate filling in (See Criter II The corporate filling in (See Criter III The corporate filling in (See Criter III) The corporate filling in | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT 4049 BADEN DRIVE | FILE NOW After MAY 1, 2 Make Check Payer TRECTORS Delete Delete   | TE Registered Agent eignestrie registered Agent eignestrie registered (1915).00  719 FEE IS \$150.00  000 Fee will be \$550.0  ble to Department of 1  12.  717LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | 10. Election<br>Trust Fur   | nd Contribution.  | cing S5.C Adde                                 | d to Fees          |                                   |                 |          |                       |                 |               |           |
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| GNATURE _ This covpo Tax filing re (See criter  I.  ILE WIE REET ADDRESS TY-ST-ZIP ILE WIE WIE WIE WIE WIE WIE WIE WIE WIE WI   | Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND D  PVST ULRICH, BETTY 7935 LITTLE ROAD NEW PORT RICHEY FL 34654 D ULRICH, ROBERT 4049 BADEN DRIVE | FILE NOW After MAY 1, 2 Make Check Payer IRECTORS Delete Delete   | TE Registared Agent eignesture registered (1911) FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of 1 12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | 10. Election<br>Trust Fur   | nd Contribution.  | Cing S5.C Adde                                 | d to Fees          |                                   |                 |          |                       |                 |               |           |
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