

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91806 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000053162			
1. Entity Name COAST TO COAST WOODWORKS, INC.			
Principal Place of Business 3682 POND VIEW LN. SARASOTA, FL 34235-6762		Mailing Address 3682 POND VIEW LN. SARASOTA, FL 34235-6762	
2. Principal Place of Business 4425 Independence Ct.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34234	Country	Zip	Country
4. FEI Number 65-1027917		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRONDIN, THEODORE M 3682 POND VIEW LN. SARASOTA, FL 34235-6762		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)			
FILE NOW! FEE IS \$100.00 After May 1, 2003 Fee Will Be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRONDIN, THEODORE M 3682 POND VIEW LN. SARASOTA, FL 342356762 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRONDIN, EVELINE H 3682 POND VIEW LN. SARASOTA, FL 342356762 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Eveline Grondin</u> Eveline Grondin 4-29-03 941-358-1927 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CP2E034 (10/02)