

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059361

1. Entity Name
ALL COAST TECHNICAL SERVICES, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90087 013 ***150.00

Principal Place of Business

1035 ALTOONA AVE
SPRING HILL FL 34609

Mailing Address

1035 ALTOONA AVE
SPRING HILL FL 34609

2. Principal Place of Business

11251 Salina St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15392
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

59-365685

Applied For

Not Applicable

Zip

34604

Country

Hernando

Zip

34604

Country

Hernando

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DILLMAN, ARTHUR R
1035 ALTOONA AVE
SPRING HILL FL 34609

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

A. R. Dill

1-25-01

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

(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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
DILLMAN, ARTHUR R
STREET ADDRESS
1035 ALTOONA AVE
CITY-ST-ZIP
SPRING HILL FL 34609

☐ Delete

TITLE
NAME
WILLIAMS, CYNTHIA L
STREET ADDRESS
1035 ALTOONA AVE
CITY-ST-ZIP
SPRING HILL FL 34609

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 duly empowered.

SIGNATURE

A. R. Dill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01

Date

Daytime Phone #

CR2E034 (10/00)