

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90061 028 ***150.00

DOCUMENT # P00000059361

1. Entity Name

ALL COAST TECHNICAL SERVICES, INC.

Principal Place of Business

Mailing Address

**11251 SABRA ST.
 BROOKVILLE FL 34604**

**P.O. BOX 15392
 BROOKVILLE FL 34604**



2. Principal Place of Business

3. Mailing Address

11251 Salina St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Brooksville FL

4. FEI Number

59-3655685

Applied For

Not Applicable

Zip

Country

Zip

Country

34614

Hernando

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLMAN, ARTHUR R
 1035 ALTOONA AVE
 SPRING HILL FL 34609**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **P.D.**
 STREET ADDRESS **Dillman, Arthur R**
 CITY-ST-ZIP **11251 Salina St
 Brooksville FL 34614**

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

TITLE ☒ Change ☐ Addition
 NAME **A.T.S.**
 STREET ADDRESS **11251 Salina St**
 CITY-ST-ZIP **Brooksville FL 34614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Nicholson, Nicholas W**
 CITY-ST-ZIP **PO BOX 15392
 Brooksville FL 34604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

ARTHUR R DILLMAN

3/25/02

352 799 0941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0637063 AV

CR2E034 (9/01)