

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90194 031 ***150.00

01/22/02 AV

DOCUMENT # P00000064796

1. Entity Name

COAST TO COAST EXTERIORS, INC.

Principal Place of Business

2074 N COURTENAY PKWY
MERRITT ISLAND FL 32953

Mailing Address

2074 N COURTENAY PKWY
MERRITT ISLAND FL 32953

00073170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2074 N. Courtenay Pkwy
Suite, Apt. #, etc.

3. Mailing Address

2074 N Courtenay Pkwy
Suite, Apt. #, etc.

City & State
Merritt Island, FL

City & State
Merritt Island, FL

4. FEI Number
59-3656759

Applied For
Not Applicable

Zip
32953

Country
Brevard

Zip
32953

Country
USA

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

JENKINS, VICTORIA
1635 VEGA AVE
MERRITT ISLAND FL 32953

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

(NOTE: Registered Agent signature required when reinstating)

4/11/02
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 NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, VICTORIA 1635 VEGA AVE MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Victoria Jenkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (321) 462-5191
Date Daytime Phone #

CR2E034 (9/01)