FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90241 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064920

1. Entity Name
Coast/ICA Processing Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3600 29th Avenue North	3600 29th Avenue North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State: St Petersburg, FL
Zip: 33713 3542 / Country: USA	Zip: 33713-3542 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3656438 — Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Ramona Peterson
Street Address (P.O. Box Number is Not Acceptable): 3600 29th Avenue North
City: St Petersburg FL Zip Code: 33713-3542

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: Rma Pete 4/30/02
Signature typed or printed 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 President NAME Ramona Peterson STREET ADDRESS 3600 29th Avenue North CITY-ST-ZIP St Petersburg, FL 33713-3542	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E048 (1/2001)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramona Peterson President — Ramona Peterson, President — 727-522-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #