

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065526

1. Entity Name

COASTAL CLEAN-UP OF THE PALM BEACHES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90039 041 ***158.75

Principal Place of Business

120 W. GLADES RD.
BOCA RATON FL 33432

Mailing Address

120 W. GLADES RD.
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1041900

Applied For

Not Applicable

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

SHADOWITZ, BETH I ESQ.
551 NW 77TH ST., SUITE 102
BOCA RATON FL 33487

Name

Tim Oliver

Street Address (P.O. Box Number is Not Acceptable)

120 W. Glades Road

City

Boca Raton

FL

Zip Code

33432

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Tim Oliver
120 W. Glades Road
Boca Raton, FL 33432



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



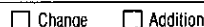
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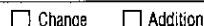
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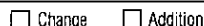
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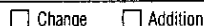
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

(561) 362-7890

Daytime Phone #

CR2E034 (10/00)