P00000089789 DOCUMENT

1. Entity Name

D.W. COAST TO COAST CONTRACTORS, INC.

Principal Place of Business 15332 W. BEDFORD CIRCLE

CLEARWATER FL 33546

Mailing Address

P.O. BOX 17536

CLEARWATER FL 33762

| Principal Place of Business 15332 W. BEOFORD | R 3. Mailing Address |
|---|----------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

4. FEI Number

| CLEAR | RWATER FLAV | Clearwate | w Blow. | 4. 「 | 59-3672380 | | <u> </u> | pplied For ot Applicable | | |
|---|--|-----------|---------------------------------------|---|---|----------|-----------------------|-----------------------------|--|--|
| ^{Zip} 3371 | 64 Penellon | 33762 | Country | <u> </u> | Certificate of Status Desired | F | 8.75 Ad ee Require | ditional | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| EICHER, FRAN | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 15332 W. BEDFORD CIRCLE | | | 0.1001710 | Officer Address (F.O. Box Number is Not Acceptable) | | | | | | |
| CLEARWATER FL 33546 | | | | | | | | | | |
| | | | City | · | - | FL | Zip Cod | | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| 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!!! FEI After September 13, 2002 Make Check Payable to I | | | 002 Fee will be | \$750.00 | 10. Election Campaign Finan Trust Fund Contribution. | cing | | May Be I to Fees | | |
| <u>11 </u> | 11. OFFICERS AND DIRECTORS 12. | | | ADI | DITIONS/CHANGES TO OFFICE | RS AND D | IRECTOR | S IN 11 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DP EICHER, FRAN 15332 W. BEDFORD CIRCLE CLEARWATER FL 33546 | □ Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |] Change | Addition | | |
| NAME STREET ADDRESS | DV EICHER, DEBBIE 15332 W. BEDFORD CIRCLE CLEARWATER FL 33546 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | "" | | Ē |] Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | -" | | |] Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | r <u> </u> | | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>.</u> | | |] Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby ce | ertify that the information supplied with this | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | in Continu | 0.07/0//) [| |) Change | Addition | | |

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 eath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

Attachment 9/10/02 Dear Dir, #70000089789 872391 Did not receive fust bill for this corporation fee as was probably send to wrong address, Please make sure everything sent to P.O. Box and not Street address o Thank you, Fran Eicher D. W. Coast To Coast Cont., In. address Places D.W. Coast to Coast Contractors, In P.O. Box 17536 Cleansater, Fla. 33762