

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90014 001 ***150.00

DOCUMENT # P01000005786

1. Entity Name

COAST BUSINESS SERVICE INC.

Principal Place of Business

**6461 CENTRAL AVE.
 ST. PETERSBURG FL 33710**

Mailing Address

**6461 CENTRAL AVE.
 ST. PETERSBURG FL 33710**

2. Principal Place of Business

6437 CENTRAL AVE

3. Mailing Address

6437 CENTRAL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL.

Zip

Country

33710

FLORIDA

Zip

Country

33710

FLORIDA

4. FEI Number

59-3690887

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

SCHILL, JAMES L

6461 CENTRAL AVE.

ST. PETERSBURG FL 33710

Name

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

6437 CENTRAL AVE

City

ST. PETERSBURG

FL

Zip Code

33710

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 **D** ☐ Delete
 NAME **SCHILL, JAMES L**
 STREET ADDRESS **6461 CENTRAL AVE.**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **PRES** ☒ Change ☐ Addition
 NAME **SCHILL, JAMES**
 STREET ADDRESS **6437 CENTRAL AVE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **SCHILL, JAMES L**
 STREET ADDRESS **6437 CENTRAL AVE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

JAMES L SCHILL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

727-381-1742

Date

Daytime Phone #

CR2E034 (9/01)