

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007477

1. Entity Name  
SOUTH COASTAL INC.

FILED  
May 30, 2002 8:00 am  
Secretary of State

05-03-2002 90034 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2000 GLADES ROAD~~

~~2000 GLADES ROAD~~

~~SUITE 400~~

~~SUITE 400~~

~~BOCA RATON FL 33431-0539~~

~~BOCA RATON FL 33431-0539~~

2. Principal Place of Business

3. Mailing Address

26 SEAVIEW DRIVE

P.O. BOX 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH SYDNEY NOVA SCOTIA

NORTH SYDNEY NOVA SCOTIA

City & State

City & State

NORTH SYDNEY NOVA SCOTIA

NORTH SYDNEY NOVA SCOTIA

Zip

Zip

B2A 3M4

B2A 3M4

Country

Country

CANADA

CANADA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HRAWG CORP.

HRAWG CORP.

~~2000 GLADES ROAD~~

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

~~SUITE 400~~

1801 N. MILITARY TRAIL

BOCA RATON FL 33431

SUITE 200

City

BOCA RATON

FL

Zip Code

33431

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 *Larry Corne*

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 PRESIDENT  
NAME DONALD P. MAC LEOD  
STREET ADDRESS 63 QUEEN ST.  
CITY-ST-ZIP NORTH SYDNEY, NOVA SCOTIA B2A 1A4

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)

902 794 7722

*Mark 25/02*