

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90005 028 ***150.00

0073672 AV

DOCUMENT # P01000026771

1. Entity Name

COAST TITLE OF VOLUSIA COUNTY, INC.

Principal Place of Business

Mailing Address

2239 S WOODLAND BLVD
 DELAND FL 32720

2239 S WOODLAND BLVD
 DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

2239 S Woodland

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Deland Fla

City & State

City & State

Deland Fla

Zip

Country

Zip

Country

3 2720

Volusia

32720

4. FEI Number

02-0562143

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HERRMAN, WILLIAM R
 445 DOUGLAS AVE, SUITE 1705
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Mike Weirich
 Street Address (P.O. Box Number is Not Acceptable): 2239 S Woodland Blvd
 City: Deland FL Zip Code: 32720

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]

Mike Weirich

3/14/02

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. PRES OFFICERS AND DIRECTORS

TITLE NAME	Mike Weirich	<input type="checkbox"/> Delete
STREET ADDRESS	2433 Willow SP CT	
CITY-ST-ZIP	APOLKA FL 32712 (Pres)	
TITLE NAME	Mike Weirich	<input type="checkbox"/> Delete
STREET ADDRESS	2433 Willow SP CT	
CITY-ST-ZIP	APOLKA FL 32712 (VP)	
TITLE NAME	Michael S Hutchinson	<input type="checkbox"/> Delete
STREET ADDRESS	1615 N Pensula DR	
CITY-ST-ZIP	New Smyrna FL 32169 (Sec)	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/02 407-2567666

CR2E034 (9/01)