


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | |
|--|---|
| DOCUMENT # Pol000051321 |  |
| 1. Entity Name Coast to Coast Direct Marketing | |

FILED
03 OCT 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023742844
10/13/03--01012--028 **308.75

02-03
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 150 E. Sample Rd. Suite, Apt. #, etc. Suite 100 City & State Pompano Beach, FL Zip 33064 Country Broward | 3. Mailing Address 150 E. Sample Rd. Suite, Apt. #, etc. Suite 100 City & State Pompano Beach, FL Zip 33064 Country Broward |
|--|--|

| | |
|--|--|
| 4. FEI Number 65-1107199 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name John McGrath | |
| Street Address (P.O. Box Number is Not Acceptable) 7565 Woodland Creek Lane | |
| City Lake Worth | Zip Code FL 33467 |

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 **John McGrath** DATE **10/10/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President+ John McGrath 7565 Woodland Creek Lane Lake Worth, FL 33467 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **John McGrath** DATE **10-10-03** (954) 942-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7/10/13

**COAST-TO-COAST DIRECT MARKETING, INC.
150 E. SAMPLE ROAD
POMPANO BEACH, FL 33064**

October 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Coast to Coast Direct Marketing , Inc.
F.E.I.N. - 65-1107199
DOCUMENT NUMBER - P01000051321

Dear Sir or Madam:

I am the President of Coast to Coast Direct Marketing, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. The mailing address currently listed with the state is not the correct address. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 300.00 for the renewal fees for 2002 and 2003. Please make a note of the correct mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



John McGrath
President

Enclosures