

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90404 020 ***150.00

0018120 AV

DOCUMENT # P01000062645

1. Entity Name

COASTLINE TITLE INSURANCE AGENCY, INC.



Principal Place of Business
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST FL 32164

Mailing Address
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST FL 32164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3728430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GIBBS, NICOLE R
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name Nicole R. Gibb (Marriage)
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

4-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDERMOTT, SANDRA M	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GIBBS, NICOLE R	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIBBS, DAVID D	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gibb Gazzoli, Nicole R	
STREET ADDRESS	15 Cypress Branchway STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicole R. Gazzoli

4-29-03

Date

386-445-1117

Daytime Phone #

CR2E034 (10/02)