

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90099 047 \*\*\*150.00

0089705 AV

**DOCUMENT # P01000083434**

1. Entity Name  
**COASTAL CUTTINGS, INC.**



Principal Place of Business  
**8087 PALOMINO DR  
LAKE WORTH FL 33467**

Mailing Address  
**8087 PALOMINO DR  
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1132172**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**SPROUL, WILLIAM  
8087 PALOMINO DR  
LAKE WORTH FL 33467**

Name

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **D SPROUL, WILLIAM**  
STREET ADDRESS **8087 PALOMINO DR**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete  
NAME **D SPROUL, CLAUDIA**  
STREET ADDRESS **8087 PALOMINO DR**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

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  
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:

*William Sproul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
80147652  
P01000083434

9/10/03

TO: UNIFORM BUSINESS REPORTS  
FROM: COASTAL CUTTINGS, INC.; DOC # P01000083434  
FED. ID # 65-1132172

RE: LATE FEES

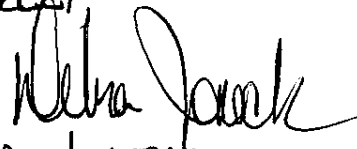
COULD YOU ABATE ANY LATE FEES ASSOCIATED WITH THIS UBR? WE WERE SHOCKED WHEN WE JUST NOW RECEIVED THE FOLLOWING DOCUMENT. WE HAD NO PRIOR NOTICE.

WE OPERATE 2 MORE CORPORATIONS —  
COASTAL LANDSCAPE + MAINTENANCE, INC.  
COASTAL NURSERIES, INC.

THOSE UBR'S WERE FILED ON TIME.

THE ONLY WAY TO ACCOUNT FOR THE MISSING ORIGINAL NOTICE IS THAT WE WERE CONSOLIDATING TWO OPERATIONS AT THE TIME AND HAD TWO PERSONNEL CHANGES.

SINCERELY

  
DEBRA JANECK