

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90068 029 ***150.00

DOCUMENT # P01000093003

1. Entity Name

COASTLINE PRESSURE CLEANING & MAINTENANCE, INC.



Principal Place of Business

**10058 SPANISH ISLES BOULEVARD BAY F9
BOCA RATON FL 33498**

Mailing Address

**10058 SPANISH ISLES BOULEVARD BAY F9
BOCA RATON FL 33498**

90004122



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

65-1141053

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

Name

CHERYL TARGOFF

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

10058 SPANISH ISLES BOULEVARD BAY F9

City

Boca Raton

FL

Zip Code

33498

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

Cheryl Targoff

(NOTE: Registered Agent signature required when reinstating)

1-15-02

DATE

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 **PSD** ☐ Delete
NAME **TARGOFF, CHERYL**
STREET ADDRESS **10058 SPANISH ISLES BOULEVARD BAY F9**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **VTD** ☐ Delete
NAME **KADEN, PHYLLIS**
STREET ADDRESS **10058 SPANISH ISLES BOULEVARD BAY F9**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Cheryl Targoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

Daytime Phone #

CR2E034 (10/02)