

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91007 017 ***150.00

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DOCUMENT # P02000114162

1. Entity Name
SOUTH COAST CONSULTING, INC.



Principal Place of Business
**1121 S MILITARY TR #225
DEERFIELD BEACH FL 33442**

Mailing Address
**1121 S MILITARY TR #225
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

1121 S Military Trail #225
Suite, Apt. #, etc.
#225

3. Mailing Address

1121 S Military Trail #225
Suite, Apt. #, etc.
#225

☐ CHECK HERE IF MAKING CHANGES

City & State

Deerfield Beach, FL
Zip
33442 Country
Broward

City & State

Deerfield Beach, FL
Zip
33442 Country
Broward

4. FEI Number

320038511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABATINO, SUSAN
1121 S MILITARY TR #225
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	SABATINO, SUSAN	
STREET ADDRESS	1121 S MILITARY TR #225	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	O	<input type="checkbox"/> Delete
NAME	Robin Risen	
STREET ADDRESS	1121 S Military Trail	
CITY-ST-ZIP	Deerfield Beach, FL, 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
Robin Risen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03
Date

904258510
Daytime Phone #

CR2E034 (10/02)