


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

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90201 049 ***150.00

DOCUMENT # <i>P03000026269</i>	
1. Entity Name <i>Coast to Coast Investments, Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1631 EAGLE NEST CIR</i>	3. Mailing Address <i>P.O. Box 196447</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>WINTER SPRINGS, FL</i>	City & State <i>WINTER SPRINGS, FL</i>	4. FEI Number <i>05-0558851</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32708</i>	Country <i>USA</i>	Zip <i>32719</i>	Country <i>USA</i>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>RICHARD S. BROWN</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1631 EAGLE NEST CIR</i>
City <i>WINTER SPRINGS</i>
FL
Zip Code <i>32708</i>

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE <i>President</i>	NAME <i>Richard S. Brown</i>	TITLE	NAME
STREET ADDRESS <i>1631 Eagle Nest Cir.</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Winter Springs, FL 32708</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>Vice President</i>	NAME <i>Dana H. Brown</i>	TITLE	NAME
STREET ADDRESS <i>1631 Eagle Nest Cir</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Winter SPRINGS, FL 32708</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

(407) 971-9069
Daytime Phone #

CR2E034B (12/02)