

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

FILED
Mar 25, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000066278
1. Entity Name
Coast to Coast Equipments USA Inc

DO NOT WRITE IN THIS SPACE

U00000095923
03/25/04-80008-014 150.00

2. Principal Place of Business 6975 N Highway 25 A / Alt 441		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State	
Zip 34475	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 13-4254975		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name 6975 N Highway 25 A / Alt 441 Street Address (P.O. Box Number is Not Acceptable)		
		City Ocala	FL	Zip Code 34475

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer Churaman, Balram 6975 N Highway 25A/Alt441 Ocala, Florida - 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Churaman, Victor 6975 N Highway 25A/Alt441 Ocala, Florida - 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Balram Churaman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-04