

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000020940**

1. Entity Name
COASTLINE STRIPES, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90012 010 ***150.00

0085875
AV

Principal Place of Business
7100 NOVA DRIVE
105A
DAVIE FL 33317
US

Mailing Address
7100 NOVA DRIVE
#105A
DAVIE FL 33317
US

C0075141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0403842

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

JOHNSON, SUSAN
7100 NOVA DR
STE 105A
DAVIE FL 33317

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, SUSAN
7100 NOVA DR #105A
DAVIE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, BRET
7100 NOVA DR #105A
DAVIE FL 33317

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-01

Date

Daytime Phone #

CR2E034 (5/01)

attachment
Doc # P93000020940
C0075141



3300 PGA Boulevard
Palm Beach Gardens, FL 33410
561.799.3810
fax 561.799.1818

August 3, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Coastline Stripes, Inc.
Doc. #P93000020940

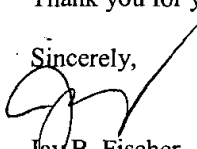
Dear Sir or Madam:

I am writing this letter on behalf of my client mentioned above. Please be advised that my client never received his original notice to file his 2001 UBR. I am requesting on his behalf that you take into consideration that he has never filed late. Please waive the late fee and accept the enclosed check for \$150.00 to cover the filing fee for 2001.

If you have any questions, or need to speak with my client or myself, please do not hesitate to call.

Thank you for your cooperation in this matter.

Sincerely,


Jay B. Fischer
Accountant