

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029996

1. Entity Name

COASTLINE BUILDING SPECIALISTS, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90250 038 ***158.75

Principal Place of Business

Mailing Address

4380 PGA BLVD.
SUITE 101
PALM BEACH GARDENS FL 33410
US

PO BOX 1841
SUITE 1
JUPITER FL 33468-1841
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1841

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FLORIDA

Zip

Country

Zip

Country

33468-1841

US

4. FEI Number

65-0413457

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

SPILLERS, RANDALL M
4380 PGA BLVD SUITE 101
PALM BEACH GARDENS FL 33410

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS SPILLERS, RANDALL M
CITY-ST-ZIP 4380 PGA BLVD SUITE 101
PALM BEACH GARDENS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SPILLERS, SUZANNE
CITY-ST-ZIP 4380 PGA BLVD SUITE 101
PALM BEACH GARDENS FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SUZANNE M. SPILLERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 16, 2000 561-775-7778

Date

Daytime Phone #

CR2E034 (9/99)