

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90973 046 \*\*\*150.00

**DOCUMENT # P93000041723**

1. Entity Name

**FLORIDA COAST TO COAST, INC.****B0094855**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

CARRIER DR  
305  
FL 328198519 SUNSET WILLOW CT.  
ORLANDO FL 32835-2566

2. Principal Place of Business

3. Mailing Address

5422 CARRIER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 305

City &amp; State

City &amp; State

ORLANDO FL

Zip

Country

Zip

Country

32819

USA

4. FEI Number

59-3187139

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

HUMPHRIES, J. GREGORY  
201 E. PINE ST.  
SUITE 701  
ORLANDO FL 32801

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 PSD  
STREET ADDRESS DUFFEY, GLENN E.  
CITY-ST-ZIP 8519 SUNSET WILLOW CT.  
ORLANDO FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME VTD  
STREET ADDRESS DUFFEY, KATHLEEN K  
CITY-ST-ZIP 8519 SUNSET WILLOW CT.  
ORLANDO FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)