

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069499

1. Entity Name

COASTAL REAL ESTATE INSPECTION SERVICES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90042 004 ***150.00

Principal Place of Business

153 E PALMETTO PARK RD
171
BOCA RATON FL 33432
US

Mailing Address

153 E PALMETTO PARK RD
171
BOCA RATON FL 33432-4847
US

2. Principal Place of Business

900 Linton Blvd.

3. Mailing Address

900 Linton Blvd.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33444

Country

Palm Bch

Zip

33444

Country

Palm Bch

6. Name and Address of Current Registered Agent

MERCANTE, RONALD
955 LA GRACE CIR
BOYNTON BCH FL 33426

LE

7. Name and Address of New Registered Agent

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

TITLE DPT ☐ Delete
NAME MERCANTE, RONALD
STREET ADDRESS 955 LA GRACE CIR LE
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00

561 3924232