

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025036

1. Entity Name

COASTAL STUCCO OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

C/O W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY. STE 219
DELRAY BEACH FL 33483

C/O W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY. STE 219
DELRAY BEACH FL 33483-3334

2. Principal Place of Business

3. Mailing Address

1200 Clint Moore Road

1200 Clint Moore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #10

Suite #10

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33487

USA

33487

USA

4. FEI Number

59-3312830

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

W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY., STE 219
DELRAY BEACH FL 33483

Name

Tim Oliver

Street Address (P.O. Box Number is Not Acceptable)

1200 Clint Moore Road

Suite #10

City

Boca Raton

FL

Zip Code

33487

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

Tim Oliver President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

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	PTSD	<input type="checkbox"/> Delete
NAME	OLIVER, TIM	
STREET ADDRESS	1200 CLINT MOORE RD STE 10	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Tim Oliver President

Date

Daytime Phone #

1-18-00

(201) 988-1333

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90114 015 ***158.75



DO NOT WRITE IN THIS SPACE