## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # P95000057653 **Secretary of State** 1. Entity Name UNITED COASTAL REALTY, INC. Principal Place of Business Mailing Address 35 GOLFVIEW DR 35 GOLFVIEW DR TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0652751 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEITLER, JEROME R Street Address (P.O. Box Number is Not Acceptable) 35 GOLFVIEW DRIVE TEQUESTA FL 33469 City 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. I am familiar with, and accept the obligations of registered agent. Signature, турно си риллео пыте од терезето војет ана вве и антаковоје (NOTE Registered Agent signature required when remalating) DATE FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTURS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME ZEITLER, JEROME R MARE U000000457181 STREET ADDRESS 35 GOLFVIEW DR STREET ADDRESS 03/16/06-80058-024 150.00 CITY-SI-ZIP **TEQUESTA FL** CITY-ST-ZW TITLE Delete tiltE ☐ Change Addition MAM NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 7111.8 ☐ Detete 331.5 Change ED Addition NAME SIAMO STREET ADDRESS STALLI ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Oelete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIY CITY-ST-ZIP STLE Defete TOTE Change T FACE NAME WAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1771.E □ Delete 3131.5 Change □ M\*\*\*\*\* NAME NAME STRELL AUDRESS STRUET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes if 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 10 or Block 11 if changed, or on an attact yield with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2006

FILED