

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90117 025 \*\*\*150.00

**DOCUMENT # P95000062467**

**1. Entity Name**  
**COAST 2 COAST REALTY (KISSIMMEE), INC.**

**Principal Place of Business**  
**SOUTH BERMUDA AVE.**  
**1248**  
**KISSIMMEE FL 34741**  
**US**

**Mailing Address**  
**SOUTH BERMUDA AVE.**  
**1248**  
**KISSIMMEE FL 34741**  
**US**

**2. Principal Place of Business**  
**1254 S. JOHN YOUNG PARKWAY**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.  
**← SAME**

**City & State**  
**KISSIMMEE, FLORIDA**  
**Zip**  
**34741**  
**Country**  
**U.S.A.**

**City & State**  
**Zip**  
**Country**

**4. FEI Number** **59-3330638**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARCHER, LIANE**  
**1248 S. BERMUDA AVE**  
**KISSIMMEE FL 34741**

**7. Name and Address of New Registered Agent**

**Name**  
**ARCHER, LIANE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1254 S. JOHN YOUNG PARKWAY**  
**City**  
**KISSIMMEE**  
**FL**  
**Zip Code**  
**34741**

**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** WILLIAM T. ARCHER **DATE** 04/22/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSDV**  
**ARCHER, BRIAN**  
**1248 SOUTH JOHN YOUNG PARKWAY**  
**KISSIMMEE FL 34741** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPTD**  
**ARCHER, LIANE**  
**1248 SOUTH JOHN YOUNG PARKWAY**  
**KISSIMMEE FL 34741** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

**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:** WILLIAM T. ARCHER **DATE** 04/22/02 **DAYTIME PHONE #** 407-944-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)