

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008740

1. Entity Name
SOUTHERN COASTAL DEVELOPMENT, INC.

Principal Place of Business
1015 BAY COLONY DR. S.
JUNO BEACH FL 33408

Mailing Address
1015 BAY COLONY DR. S.
JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VRBANEK, STEPHAN R
1015 BAY COLONY DR. S.
JUNO BEACH FL 33408

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)



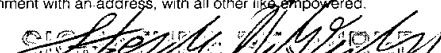
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VRBANEK, STEPHAN 1015 BAY COLONY DR. S. JUNO BEACH FL 33408	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, FRANK 1015 BAY COLONY DR. S. JUNO BEACH FL 33408	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02 501-625-3511

Date

Daytime Phone #

0355572
AV

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90004 043 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0644036** Applied For
 Not Applicable

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

CR2E034(61)