

DOCUMENT # P96000037589

1. Entity Name

COAST II COAST MARKETING AND PROMOTION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90107 009 ***150.00

Principal Place of Business

Mailing Address

6701 OHARA AVENUE
BOYNTON BEACH FL 33437

6701 OHARA AVENUE
BOYNTON BEACH FL 33437-3523

J J J I M



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0688153

Applied For
Not Applied

Zip Country

Zip Country

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

LOTT, ALAN
6701 OHARA AVENUE
BOYNTON BEACH FL 33437

Name

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

City

FL

Zip Code

B. 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...

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

8/150 due.

11. OFFICERS AND DIRECTORS

12.

TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, ALAN	
STREET ADDRESS	6701 OHARA AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, LYGIA	
STREET ADDRESS	6701 OHARA AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/>
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 indicate on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under the authority of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lygia B. Lott LYGIA BLOTT

4/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date