

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90090 015 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000043778**

1. Entity Name  
**COAST TO COAST BUILDING PRODUCTS, INC.**

Principal Place of Business <b>1950 NW 22ND ST          FT LAUDERDALE FL 33311</b>	Mailing Address <b>1950 NW 22ND ST          FT LAUDERDALE FL 33311</b>
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2. Principal Place of Business <b>1410 SW 8th St</b> Suite, Apt. #, etc.	3. Mailing Address <b>1410 SW 8th St</b> Suite, Apt. #, etc.
City & State <b>Homestead Beach</b>	City & State <b>Homestead Beach</b>
Zip <b>3305</b>	Zip <b>33069</b>

4. FEI Number <b>65-0676237</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**DANIELS, PETER**  
**10111 VESTAL CT**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name  
**6320 SW 99th Ter**

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

City  
**FL**

Zip Code  
**33152**

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIELS, PETER</b> <b>10111 VESTAL CT</b> <b>CORAL SPRINGS FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCUS, RICHARD E</b> <b>18640 LONG LAKE DR</b> <b>BOCA RATON FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCUS, J. CHRISTINE</b> <b>18640 LONG LAKE DR</b> <b>BOCA RATON FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6320 SW 99th Ter</b> <b>Miami FL 33152</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date **1/4/01** Daytime Phone # **954 781 9200**

CR2E034 (10/00)