

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90100 050 \*\*\*150.00

**DOCUMENT # P96000043778**

1. Entity Name

**COAST TO COAST BUILDING PRODUCTS, INC.**



Principal Place of Business  
**1410 SW 8TH STREET  
POMPANO BEACH FL 33069**

Mailing Address  
**1410 SW 8TH STREET  
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0676237**

Applied For

Not Applicable

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

**DANIELS, PETER  
6320 SW 99TH TERRACE  
MIAMI FL 33152**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DANIELS, PETER 6320 SW 99TH TERRACE MIAMI FL 33152	<input type="checkbox"/>		<input type="checkbox"/>
D MARCUS, RICHARD E 18640 LONG LAKE DR BOCA RATON FL 33496	<input type="checkbox"/>		<input type="checkbox"/>
D MARCUS, J. CHRISTINE 18640 LONG LAKE DR BOCA RATON FL 33496	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03

788 293 7373

Date

Daytime Phone #