

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059273

1. Entity Name

COAST TO COAST BORING, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90003 039 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 836 N JOHNSON AVE. ARCADIA FL 34266 US	Mailing Address 836 N JOHNSON AVE. ARCADIA FL 34266-8812 US
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2. Principal Place of Business Suite, Apt. #, etc. 836 N Johnson Ave	3. Mailing Address Suite, Apt. #, etc. 836 N Johnson Ave
City & State Arcadia FL	City & State Arcadia FL
Zip 34266	Country US
Zip 34266-8812	Country US

4. FEI Number 65-0682291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BREWER, BETTY 836 N JOHNSON AVE. ARCADIA FL 34266
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 836 N Johnson Ave City Arcadia FL Zip Code 34266
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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.

Betty R. Brewer, Pres

SIGNATURE Betty R. Brewer

1-26-00

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BREWER, BETTY R 836 N. JOHNSON AVE. ARCADIA FL 34266 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Betty R. Brewer, Pres Betty R. Brewer 863 494 3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)