2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000059273**

1. Entity Name
COAST TO COAST BORING, INC.

Principal Place of Business	Mailing Address
836 N JOHNSON AVE.	836 N JOHNSON AVE.
ARCARDIA FL	ARCARDIA FL
34266 US	34266 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0682291** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREWER BETTY
836 N JOHNSON AVE.
ARCARDIA FL
34266 US

7. Name and Address of New Registered Agent

Name: BREWER BETTY
Street Address (P.O. Box Number is Not Acceptable): 836 N JOHNSON AVE.
City: ARCADIA FL Zip Code: 34266

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 ____________ 04/24/2001
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BREWER BETTY R	NAME	
STREET ADDRESS	836 N. JOHNSON AVE.	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #