

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006047

1. Entity Name

COAST TO COAST APPRAISAL SERVICES, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90001 001 ***150.00

Principal Place of Business
2607 PASS-A-GRILL WAY EAST
ST PETERSBURG FL 33706
US

Mailing Address
P O BOX 14432
ST PETERSBURG FL 33733-4432
US

00010300



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
59-3431683

Applied For
Not Applicable

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

SANTELLA, SCOTT
2607 PASS-A-GRILLE WAY E
ST PETE BEACH FL 33706

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.

SIGNATURE

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
P
SANTELLA, SCOTT
2607 PASS-A-GRILLE WAY E
ST PETE BEACH FL ☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
VP
SANTELLA, KAREN
2607 PASS-A-GRILLE WAY E
ST PETE BEACH FL ☐ Delete

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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 this address, with all other like empowered.

SIGNATURE: *SCOTT SANTELLA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT SANTELLA President

Date
1-31-00

Daytime Phone #
727-360-2397