

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-06-2003 90064 036 \*\*\*150.00

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

|                                                                                                                                                                                                                              |                                                                                              |                                                                                                                                         |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>DOCUMENT # P97000006047</b>                                                                                                                                                                                               |                                                                                              |                                                        |                                                                          |
| 1. Entity Name<br><b>COAST TO COAST APPRAISAL SERVICES, INC.</b>                                                                                                                                                             |                                                                                              |                                                                                                                                         |                                                                          |
| Principal Place of Business<br><b>122 PUNTA VISTA DRIVE<br/>ST PETERSBURG FL 33706<br/>US</b>                                                                                                                                |                                                                                              | Mailing Address<br><b>122 PUNTA VISTA DRIVE<br/>ST PETERSBURG FL 33706<br/>US</b>                                                       |                                                                          |
| 2. Principal Place of Business<br><b>122 Punta Vista Dr.</b>                                                                                                                                                                 |                                                                                              | 3. Mailing Address<br><b>P.O. Box 14432</b>                                                                                             |                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                          |                                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                          |
| City & State<br><b>St. Pete Beach, FL</b>                                                                                                                                                                                    |                                                                                              | City & State<br><b>St. Petersburg, FL</b>                                                                                               |                                                                          |
| Zip<br><b>33706</b>                                                                                                                                                                                                          | Country<br><b>U.S.</b>                                                                       | Zip<br><b>33733</b>                                                                                                                     |                                                                          |
| Country<br><b>PINELLAS</b>                                                                                                                                                                                                   |                                                                                              |                                                                                                                                         |                                                                          |
| 4. FEI Number<br><b>59-3431683</b>                                                                                                                                                                                           |                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                          |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                  |                                                                                              |                                                                                                                                         |                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>SANTELLA, SCOTT<br/>2607 PASS-A-GRIFFE WAY E<br/>ST PETE BEACH FL 33706</b>                                                                                            |                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 obligation of registered agent. |                                                                                              |                                                                                                                                         |                                                                          |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____                                                                                                                                    |                                                                                              |                                                                                                                                         |                                                                          |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                   |                                                                                              | 8. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                   |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | P<br>SANTELLA, SCOTT<br>2607 PASS-A-GRIFFE WAY E<br>ST PETE BEACH FL<br>122 PUNTA VISTA DR.  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | P<br>Santella, Scott<br>122 PUNTA VISTA DR.<br>St. Pete Beach, FL 33706  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | VP<br>SANTELLA, KAREN<br>2607 PASS-A-GRIFFE WAY E<br>ST PETE BEACH FL<br>122 Punta Vista Dr. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | VP<br>Santella, Karen<br>122 Punta Vista Dr.<br>St. Pete Beach, FL 33706 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Karen Santella / P. Santella 727-3381

CR2E034 (10/02)