FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2005 8:00 am
Secretary of State
06-02-2005 90001 049 ***150.00

DOCUMENT # P97 0000 21257

1. Entity Name
COAST TO COAST INDUSTRIES INC.

DO NOT WRITE IN THIS SPACE

50053152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
22349 Hwy 231
Suite, Apt. #, etc.
City & State: Fountain Fl 32438
Zip: 32438
Country: USA

3. Mailing Address
P.O. BOX 155
Suite, Apt. #, etc.
City & State: Fountain Fl 32438
Zip: 32438
Country: USA

4. FEI Number: 59-3431752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: LYNWOOD K PARKER
Street Address (P.O. Box Number is Not Acceptable): 22414 Hwy 231
City: FOUNTAIN FL Zip Code: 32438

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Lynwood K Parker
STREET ADDRESS	22414 Hwy 231
CITY-ST-ZIP	Fountain Fl 32438
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #