

2000 UNIFORM BUSINESS REPORT (UBR)

3/8/

FILED
May 19, 2000 8:00 am
Secretary of State

03-08-2000 90082 006 ***150.00

DOCUMENT # P97000103585

1. Entity Name

COAST TO COAST LENDING CORP.

Principal Place of Business

7130 SOUTH ORANGE BLOSSOM TRAIL, SUITE 220
 ORLANDO FL 32809

Mailing Address

~~971 E TENNESSEE ST~~
~~TALLAHASSEE FL 32308~~

2. Principal Place of Business

3. Mailing Address

7130 South O.B.T

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#220

City & State

City & State

ORLANDO

Zip

Country

Zip

Country

FL 32809

4. FEI Number

59-3481336

Applied For

Not Applicable

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

Name

HASU PATEL

Street Address (P.O. Box Number is Not Acceptable)

7130 South O.B.T #220

Orlando, FL 32809

Zip Code

FL 32809

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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	PD	<input type="checkbox"/> Delete
NAME	PATEL, HASMUKH D	
STREET ADDRESS	7130 SOUTH ORANGE BLOSSOM TRAIL, SUITE 220	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CONGLIO, MICHAEL J.	
STREET ADDRESS	971 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Milain Patel	
STREET ADDRESS	3517 Bonaire Blvd #1915	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HASU PATEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASU PATEL	
STREET ADDRESS	7130 South OBT #220	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] HASMUKH D. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

Daytime Phone #

CR2034 (9/99)