

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103585

1. Entity Name  
COAST TO COAST LENDING CORP.

Principal Place of Business  
7130 SOUTH ORANGE BLOSSOM TRAIL  
STE 220  
ORLANDO FL 32809

Mailing Address  
7130 SOUTH ORANGE BLOSSOM TRAIL  
STE 220  
ORLANDO FL 32809

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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

PATEL, HASU  
7130 SOUTH ORANGE BLOSSOM TRAIL, SUITE 220  
ORLANDO FL 32809

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE PD  
NAME PATEL, HASMUKH D  
STREET ADDRESS 7130 SOUTH ORANGE BLOSSOM TRAIL, SUITE 220  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE VP  
NAME PATEL, SUSHILA H  
STREET ADDRESS 12871 ENCLAVE DRIVE  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME RAJKUMAR CHAROTARI  
STREET ADDRESS 13029 ENTRADA DR  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90009 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0101216 AV

CR2E034 (9/01)

1/7/02 407-888-9800