

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094777

1. Entity Name

COASTAL TITLE & ESCROW SERVICES, INC.

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

05-05-2000 90078 003 ***150.00

Principal Place of Business

Mailing Address

~~205 OCEAN AVE.~~
MELBOURNE BCH FL 32951

~~205 OCEAN AVE.~~
MELBOURNE BCH FL 32951-3307

2. Principal Place of Business

20283 State Road 7

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State
BOCA RATON, Florida

City & State

Zip
33498

Country
USA

Zip

Country

4. FEI Number 59-3541752

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

BLASI & PIKE, P.A.
7900 GLADES RD., SUITE 445
BOCA RATON FL 33434

Name Andrew B. Blasi, P.A.
Street Address (P.O. Box Number is Not Acceptable)
20283 State Road 7
Suite 300
City Boca Raton FL Zip Code 33498

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

Andrew B. Blasi, Resident

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

(NOTE: Registered Agent signature required when reinstating)

4/24/2000

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	PS	<input type="checkbox"/> Delete
NAME	BLASI, ANDREW B	
STREET ADDRESS	205 OCEAN AVE.	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	20283 State Road 7 Suite 300
CITY-ST-ZIP	Boca Raton, FL 33498
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	
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:

Andrew B. Blasi, Resident
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
Date

561-483-8700
Daytime Phone #

CR2E034 (9/99)