

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90004 028 \*\*\*150.00

**DOCUMENT # P99000009471**

1. Entity Name  
**SOUTH COAST REALTY GROUP, INC.**



Principal Place of Business  
**2758 W. ATLANTIC BLVD., STE 26**  
**POMPANO BEACH FL 33069**

Mailing Address  
**2758 W. ATLANTIC BLVD., STE 26**  
**POMPANO BEACH FL 33069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0889714**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SMITH, LAWRENCE E**  
**2758 W. ATLANTIC BLVD., STE 26**  
**POMPANO BEACH FL 33069**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>CPSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, LAWRENCE C</b>	NAME	
STREET ADDRESS	<b>5729 NW 46TH DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *LAWRENCE E. SMITH* **SIGNATURE REQUIRED** LAWRENCE E. SMITH 7/7/01 954-968-9945  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CF2E034 (5/01)



# South Coast Realty Group, Inc.

2758 West Atlantic Blvd., Suite 26 ♦ Pompano Beach, FL 33069  
Toll Free (800) 829-5939 ♦ Office (954) 968-9945 ♦ Fax (954) 970-3578

*Attachment*

# P99000009471  
BU002023  
7-15-01

*Division of Corporation  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500*

*RE: P99000009471*

*TO Whom It may concern:*

*I am enclosing a check in the amount of \$150.00 for our annual report. We never received the initial notice from the state. I called the Division of Corporations and was instructed to write a letter explaining what happened and send in only \$150.00. Please adjust your records accordingly. Thank you for your cooperation.*

*Sincerely  
L. Munn  
President*