

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90091 030 ***150.00

DOCUMENT # P99000033870

1. Entity Name
COAST TO COAST WHOLESALE MORTGAGE LENDING, INC.

Principal Place of Business
600 BYPASS DRIVE, SUITE #105
CLEARWATER FL 33764

Mailing Address
600 BYPASS DRIVE, SUITE #105
CLEARWATER FL 33764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3573220		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EVERETT, KATHLEEN 1620#G HERCULES AVE. CLEARWATER FL 33765		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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME EVERETT, KATHLEEN	TITLE Director / Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME John Everett
STREET ADDRESS 1361 BLUFFS CIR.	CITY-ST-ZIP DUNEDIN FL 34698	STREET ADDRESS 1361 Bluffs Circle	CITY-ST-ZIP Dunedin, FL 34698
TITLE VP <input type="checkbox"/> Delete	NAME COPPOLA, GINA	TITLE President / Treasurer / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Kathleen Everett
STREET ADDRESS 1235 HILLCREST AVE. S.	CITY-ST-ZIP CLEARWATER FL 33756	STREET ADDRESS 1361 Bluffs Circle	CITY-ST-ZIP Dunedin, FL 34698
TITLE <input type="checkbox"/> Delete	NAME	TITLE Vice President / Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Gina Coppola
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 1235 Hillcrest Ave. S.	CITY-ST-ZIP Clearwater, FL 33756
TITLE <input type="checkbox"/> Delete	NAME	TITLE Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Charles VanCleave
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 8259 132nd St.	CITY-ST-ZIP Seminole, FL 33776
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *Kathleen Everett* **4/21/02 (727) 723-1500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)