

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90004-037-\$550.00-\$550.00

DOCUMENT # P99000050286

1. Entity Name

FLORIDA'S COAST TO COAST INSTALLERS, INC. ✓

Principal Place of Business

829 VALENCIA AVENUE
DAYTONA BEACH FL 32114

Mailing Address

829 VALENCIA AVENUE
DAYTONA BEACH FL 32114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-357389

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

FILED

00 OCT -2 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNT, MELISSA L
829 VALENCIA AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

MELISSA L. DAVIS (Name Change)

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

829 Valencia Ave.

City

DAYTONA BEACH

FL

Zip Code

32114

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

(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.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE D
NAME HUNT, MELISSA L
STREET ADDRESS 829 VALENCIA AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME MELISSA L. DAVIS
STREET ADDRESS
CITY-ST-ZIP (Name Change) ☒ 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

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

Melissa L. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00

(904) 257-3997

Date

Daytime Phone

CR2004 (5/00)