

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **P99000055070**

1. Entity Name
Coastal Concrete Creations, Inc

FILED

01 MAR 15 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address

**1209 moonlight Way
Royal Palm Beach, Florida
33411-3083**

2. Principal Place of Business

1209 moonlight Way
Suite, Apt. #, etc.

3. Mailing Address

as above
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Beach

City & State

4. FEI Number

65-0922389

Applied For

Not Applicable

Zip
33411-3083

Country
USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Rhonda Taylor
1209 moonlight Way
Royal Palm Beach, FL
33411-3083**

7. Name and Address of New Registered Agent

Name **Frederick Higgins**

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

1209 moonlight Way

City **Royal Palm Beach**

FL

Zip Code

33411-3083

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

Fred Higgins

3-1-01

(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 \$150.00

After MAY 1, 2001 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 **VP, S, T** ☒ Delete
NAME **Rhonda Taylor**
STREET ADDRESS **1209 moonlight Way**
CITY-ST-ZIP **Royal Palm Beach, FL, 33411-3083**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **D Frederick C Higgins**
STREET ADDRESS **1209 moonlight Way**
CITY-ST-ZIP **Royal Palm Beach FL, 33411-3083**

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Higgins

DATE

Daytime Phone #

CR2E034 (11/00)