

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000055070

1. Entity Name

Coastal Concrete Creations, Inc.

FILED

02 OCT 15 PM 12:56...

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000008440190  
10/18/02--01002--023 \*\*66.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1209 Moonlight Way

Suite, Apt. #, etc.

3. Mailing Address  
1209 Moonlight Way

Suite, Apt. #, etc.

City & State  
Royal Palm Beach, FL

City & State  
Royal Palm Beach, FL

4. FEI Number  
65-0922389

Applied For  
Not Applicable

Zip  
33411-3083

Country  
USA

Zip  
33411-3083

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Frederick C. 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, 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	Higgins, Frederick C.	1209 Moonlight Way Royal Palm Beach FL 33411-3083
	T/S	Higgins, Rhonda L.	1209 Moonlight Way Royal Palm Beach FL 33411-3083

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhonda L. Higgins

10/10/2002 561-718-5650

Date

Daytime Phone #

CR2E0346 (12/01)

jr 10/15/02