

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90050 021 ***150.00

03191/2

DOCUMENT # P99000058936

1. Entity Name

COAST CITY, INC.

Principal Place of Business

EDWARD M. TWISS
1100 SO. LAKE DRIVE, 36
LANTANA FL 33462

Mailing Address

EDWARD M. TWISS
1100 SO. LAKE DRIVE, 36
LANTANA FL 33462

2. Principal Place of Business

104 HALF MOON CIRCLE

3. Mailing Address

104 HALF MOON CIRCLE

Suite, Apt. #, etc.

D1

Suite, Apt. #, etc.

D1

City & State

Hypoluxo FLA.

City & State

Hypoluxo FLA.

Zip

33462

Country

Zip

33462

Country

4. FEI Number

65-0931525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALSAM, B. MICHAEL
8927 OLD PINE ROAD
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

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 \$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 D ☐ Delete
NAME DEUTCHMAN, SHERWIN
STREET ADDRESS 6335 GRAND CYPRESS CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ Delete
NAME TWISS, EDWARD M
STREET ADDRESS 1100 SO. LAKE DRIVE #6
CITY-ST-ZIP LANTANA FL 33462

TITLE D ☐ Delete
NAME TWISS, SANDRA L
STREET ADDRESS 1100 SO. LAKE DRIVE #6
CITY-ST-ZIP LANTANA FL 33462

TITLE D ☐ Delete
NAME DEUTCHMAN, ROBERTA
STREET ADDRESS 6335 GRAND CYPRESS CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☒ Change ☐ Addition
NAME TWISS EDWARD M
STREET ADDRESS 104 HALF MOON CIRCLE D1
CITY-ST-ZIP Hypoluxo, FLA. 33462

TITLE D ☒ Change ☐ Addition
NAME TWISS SANDRA L.
STREET ADDRESS 104 HALF MOON CIRCLE D1
CITY-ST-ZIP Hypoluxo, FLA. 33462

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Edward M. Twiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01 561-547-7675

Date

Daytime Phone #

CR2E034 (10/00)