

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90470 038 \*\*\*150.00

**DOCUMENT # P99000058936**

1. Entity Name

COAST CITY, INC.

Principal Place of Business

104 HALF MOON CIRCLE  
D1  
HYPOLKO FL 33462

Mailing Address

104 HALF MOON CIRCLE  
D1  
HYPOLKO FL 33462

2. Principal Place of Business

104 HALF MOON CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hypoluxo FLA.

City & State

FLA 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, 2002 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 ☐ Delete  
NAME D  
STREET ADDRESS DEUTCHMAN, SHERWIN  
CITY-ST-ZIP 6335 GRAND CYPRESS CIRCLE  
LAKE WORTH FL 33463

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TWISS, EDWARD M  
CITY-ST-ZIP 104 HALF MOON CIRCLE D1  
HYPOLUXO FL 33462

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TWISS, SANDRA L  
CITY-ST-ZIP 104 HALF MOON CIRCLE D1  
HYPOLUXO FL 33462

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

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*  
EDWARD M. TWISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02 561-547-7675

CR2E034 (9/01)