

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081623

1. Entity Name

TIDY COAST CONTAINERS, INC.

**FILED**  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90096 015 \*\*\*150.00

Principal Place of Business

9362 SOUTHEAST DUNCAN STREET  
HOBE SOUND FL 33455

Mailing Address

9362 SOUTHEAST DUNCAN STREET  
HOBE SOUND FL 33455-6826

2. Principal Place of Business

9362 SE Duncan St

3. Mailing Address

9362 SE Duncan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound FL

City & State

Hobe Sound FL

4. FEI Number

65-0949295

Applied For

Not Applicable

Zip

33455

Country

Martin

Zip

33455

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, PATRICIA I  
73 SOUTHWEST FLAGLER AVENUE  
STUART FL 34994

Name

Anthony Heath

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

9362 SE Duncan St.

City

Hobe Sound

FL

Zip Code

33455

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

*Anthony Heath*

Anthony Heath

4/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Anthony Heath  
CITY-ST-ZIP 9362 SE Duncan St  
Hobe Sound, FL 33455

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

TITLE ☐ Delete  
NAME Vice-President  
STREET ADDRESS Leslie Crawford  
CITY-ST-ZIP 400 Shangri-La Lane  
Munford, AL 36268

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Anthony Heath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)