

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106612

1. Entity Name  
**SEACOAST EXTERIORS, INC.**

Principal Place of Business  
1699 W. HWY 98, #405  
MARY ESTHER FL 32569

Mailing Address  
PO BOX 486  
FT WALTON BEACH FL 32549

2. Principal Place of Business  
**4080 Dancing Cloud CT.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Destin, FL**

Zip  
**32541**

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3619003**

Applied For  
Not Applicable

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

**PALACIOS, FRANCISCO J**  
**1699 W. HWY 98, #405**  
**MARY ESTHER FL 32569**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PALACIOS, FRANCISCO J**  
**1699 W. HWY 98, #405**  
**MARY ESTHER FL 32569**

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Francisco J. Palacios President** **4-30-01** **(850) 585-4133**

CR2E034 (10/00)