## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Feb 24, 2003 8:00 am **Secretary of State** S21477 DOCUMENT # 1. Entity Name 02-24-2003 90180 031 \*\*\*150.00 COAST-TO-COAST WHOLESALE SALES & LEASING, INC. Principal Place of Business Mailing Address 201 CITRUS AVE P.O. BOX 24322 LAKE PLACID FL 33852 FT. LAUDERDALE FL 33307 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0237120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, HARRIS D. Street Address (P.O. Box Number is Not Acceptable) 4448 SÈAGRAPE DRIVE LAUDERDLE BY THE SEA FL 33308 City 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. I am familiar with, and accept the obligations of registere SIGNATURE re, typed or printe d agent and title ame of rec (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! SFEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State After May 1, 2003 Fee \$5.00 May Be \*\* Trust Fund Contribution." Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE pour against the Chaire Delete TITLE ☐ Change Addition SINGER, HARRIS D. (SHANNON) NAME NAME STREET ADDRESS 4448 SEAGRAPE DRIVE STREET ADDRESS 3,740,000 CITY-ST-ZIP LAUDERDLE BY THE SEA FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE

12. 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 obtrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Wre required GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

■ Addition

FILED