2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other,

SIGNATURE:

ke empowered

25/00 407-644-2227

FILED Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # \$25362** COAST TO COAST CONSTRUCTION SERVICES, INC. 01-29-2000 90029 008 ***150.00 Principal Place of Business Mailing Address 1137 DUNCAN DR 1137 DUNCAN DR WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-4307 803440 2. Principal Place of Business 3. Mailing Address Daive <u>2411</u> LAKL Show LAKE Shore Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3046496 OMAMBO Not Application Ourenda Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32803 32803 へとり **420** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, GREGG Street Address (P.O. Box Number is Not Acceptable) 1137 DUNCAN DR WINTER SPRINGS FL 32708 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 , 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD 70 ☐ Addition ☐ Delete TITLE TITLE WILLIAMS WILLIAMS, GREGG NAME NAME 2411 LAKE SHOAS 1137 DUNCAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 ORIANDO, EL 32803 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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