

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90180 042 ***150.00

DOCUMENT # S33981

1. Entity Name

COAST TO COAST TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

2249 WOODLAND BLVD
DELAND FL 32720
US

2249 WOODLAND BLVD
280
DELAND FL 32720
US

707159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3051977

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WEIRICH, MICHAEL G.
2401 WILLOW SPRINGS COURT
APOPKA FL 32712

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

Michael G Weirich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

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 \$350.00

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
DPV
WEIRICH, MICHAEL G.
2401 WILLOW SPRINGS COURT
APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
Weirich michael G
2433 Willow SP95 CT
APOPKA FL 32712 ☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HUTCHINSON, MICHAEL S.
4466 TIDEWATER DR.
ORLANDO FL ☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
DST
Weirich michael G
2433 Willow SP95 CT
APOPKA FL 32712 ☒ Change ☐ Additor

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☐ Change ☐ Additor

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 #

1/19/00 904 8225587