

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90043 028 ***150.00

DOCUMENT # V69975

1. Entity Name
SOUTH COAST INTERIORS, INC.

Principal Place of Business Mailing Address

21218 ST ANDREWS BLVD 21218 ST ANDREWS BLVD
 SUITE 413 SUITE 413
 BOCA RATON FL 33433 BOCA RATON FL 33433-2435
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

604 Tidewater Way **21218 St. Andrews Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # **413**

City & State City & State

Deerfield Bch, Fl. **Boca Raton, Fl.**

Zip Country Zip Country

33442 **Broward.** **33433** **Palm Bch.**

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOFARO ANNE
604 TIDEWATER WAY
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOFARO, ANNE	
STREET ADDRESS	604 TIDEWATER WAY	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ADAMS, TRELLA	
STREET ADDRESS	604 TIDEWATER WAY	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Trella A. Adams **TRELLA A. ADAMS** 3/10/00 954-421-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)