

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90123 047 ***150.00

DOCUMENT # V69975

1. Entity Name

SOUTH COAST INTERIORS, INC.

Principal Place of Business

**604 TIDEWATER WAY
DEERFIELD BEACH FL 33442
US**

Mailing Address

**21218 ST. ANDREWS BLVD.
SUITE 413
BOCA RATON FL 33433
US**

2. Principal Place of Business

10172 AQUA VISTA WAY, SUITE 9

3. Mailing Address

SUITE 9

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33428

Country

PA/IN Bch

Zip

33428

Country

PA/IN Bch

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

LOFARO, ANNE

Street Address (P.O. Box Number is Not Acceptable)

10172 AQUA VISTA WAY

City

BOCA RATON

FL

Zip Code

33428

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

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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10172 AQUA VISTA WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10172 AQUA VISTA WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)