

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 012 ***150.00

DOCUMENT # **497000056777**

1. Entity Name

Coastal Cuisine, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1620 Gulf of Mexico

3. Mailing Address
c/o Stephen J. Mitchell

Suite, Apt. #, etc.

Suite, Apt. #, etc.
201 N. Franklin St., Suite 2100

City & State **Longboat Key, FL**

City & State **Tampa, FL**

Zip **34228**

Country **USA**

Zip **33602**

Country **USA**

4. FEI Number **650779698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Dr. Murray J. Klauber**

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

1620 Gulf of Mexico Drive

City **Longboat Key**

FL

Zip Code **34228**

**DO NOT WRITE
IN THIS SPACE**

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's signature required with all amendments)

Date

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

Fee **\$150.00**

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/President/Secretary/Treasurer Dr. Murray J. Klauber 1620 Gulf of Mexico Drive Longboat Key, FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Thomas Klauber 4120 Gulf of Mexico Drive Longboat Key, FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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 on an attachment with an address with all other use empowered.

SIGNATURE:

Dr. Murray J. Klauber, President

4/29/01

(941) 383-7419

Signature, typed or printed name of signing officer or director

Date

Signature Phone #

CFR2E034B (12/01)

Attachment



Florida Profit

COASTAL CUISINE, INC.

PRINCIPAL ADDRESS
1620 GULF OF MEXICO DR
LONGBOAT KEY FL 34228 US
Changed 04/23/1998

MAILING ADDRESS
C/O STEPHEN J. MITCHELL, ESQ.
P O BOX 3433
TAMPA FL 33601 US
Changed 04/23/1998

Document Number
P97000056777

FEI Number
650779698

Date Filed
06/27/1997

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
NAME CHANGE
AMENDMENT

Event Date Filed
09/03/1997

Event Effective Date
NONE

Registered Agent

Name & Address
KLAUBER, MURRAY J. 1620 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228
Name Changed: 10/20/1997
Address Changed: 10/20/1997

Officer/Director Detail

Name & Address	Title
KLAUBER, MURRAY J 1620 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	PSTD