

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 210435

1. Entity Name

COASTAL ENGINEERING ASSOCIATES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90023 034 ***150.00

Principal Place of Business

966 CANDLELIGHT BLVD
BROOKSVILLE FL 34601

Mailing Address

966 CANDLELIGHT BLVD
BROOKSVILLE FL 34601-3116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0827183

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

MANUEL, CLIFFORD E. J
703 STOCKTON ST
BROOKSVILLE FL 34601

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS MANUEL, C E 12464 BROAD STREET BROOKSVILLE, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MANUEL, CLIFFORD E., JR. 703 STOCKTON STREET BROOKSVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACEY, DONALD R 2459 SHOREWOOD LANE LAND O LAKES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 23255 TURKEY TROT LANE 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1340 GULF BLVD, UNIT 19G CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

CLIFFORD E. MANUEL, JR.

3/24/00

Date

352-796-9423

Daytime Phone #

CR2E034 (9/99)