

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91794 021 \*\*\*150.00

0400415 AV

**DOCUMENT # 405269**

1. Entity Name  
**COASTAL STATES INDUSTRIES, INC.**



Principal Place of Business  
**1600 PARKWOOD CIRCLE  
SUITE 400  
ATLANTA GA 30339  
US**

Mailing Address  
**C/O CARLISLE MANAGEMENT SERVICES INC.  
4800 N FEDERAL HWY 200B  
BOCA RATON FL 33431-3408  
US**



2. Principal Place of Business

3. Mailing Address

**1600 Parkwood Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 400 Corporate Twp**

City & State

City & State

**Atlanta, Georgia**

Zip

Country

Zip

Country

**30339**

**U.S.**

4. FEI Number **59-1400747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAZE, PETER</b>	
STREET ADDRESS	<b>4800 N FEDERAL HWY #200B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GIBBS, PATRICIA</b>	
STREET ADDRESS	<b>1600 PARKWOOD CIR 400</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	<b>DVAS</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, STEVEN</b>	
STREET ADDRESS	<b>4800 N FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>OLBERT, ANN M</b>	
STREET ADDRESS	<b>4800 N FEDERAL HWY # 200B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>GEBHARD, ROGER</b>	
STREET ADDRESS	<b>4800 N FEDERAL HWY #200B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETER, GAZE</b>	
STREET ADDRESS	<b>4800 N FEDERAL HWY # 200B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7700 Congress Ave. Suite 3214</b>
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bluestein, Patricia</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7700 Congress Ave. Suite 3214</b>
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7700 Congress Ave. Suite 3214</b>
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7700 Congress Ave. Suite 3214</b>
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7700 Congress Ave. Suite 3214</b>
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Patricia Gibbs Bluestein**  
**Assistant Treasurer**

**Patricia Gibbs Bluestein**  
**Assistant Treasurer**

**4/21/03**

**(770) 436-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)