2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

505097 **DOCUMENT#**

1. Entity Name

COASTAL MANAGEMENT SYSTEMS, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90233 024 ***150.00

CLEARWATER FL 3094 US 2. Principal Place of Business Suite, Apt. 6, etc. CLEARWATER FL 3094 US 3. Malling Address Suite, Apt. 6, etc. Cly & State Cl	Principal Place	a of Rusiness	<u> </u>	Mailin	n Address									
Suite, Apt. 4, etc.	18514 U.S. HWY. 19 NORTH, SUITE E CLEARWATER FL 33764 US				18514 U.S. HWY. 19 NORTH, SUITE E CLEARWATER FL 33764 US									
Zip Country Zip Country State City & State City & State City & State City & State Country Sip Country Country Sip Country Signer Address of Current Registered Agent Name Name Name Name Name Name and Address of Current Registered Agent Name Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name N	2. Principal Pl	ace of Busin	ess	3. Mai	3. Mailing Address					t 1 60101 0 11845 80 401 0 1114 0 0 160 (014)	1961 01011 0101	. 81841 81811 84	311 01011 183F	
Zip Country Zip Country S. Carificate of Status Desired Status S	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent	City & State				City & State			4	1. FI	El Number 59-2302973 .				
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Cour			ry 5. Certificate of Status						
Stroot Address (P.O. Box Number is Not Acceptable) City	•	6. Name	and Address of Currer	t Registere	egistered Agent			. 7. Name and Address of New Registered Agent						
Sireer Address (P.O. Box Number is Not Acceptable) Sireer Address (P.O. Box Number is Not Acceptable)														
City FL Zip Code 6. 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. City FL Zip Code	-							Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent. Comparison of registered agent and the submits is statement for the purpose of changing its registered diffice or registered eigent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent. The state of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with, and accept. The state of Florids. I am familiar with added to Florids. I am familiar wi														
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FILE NOW!! FEE IS \$15.000 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State 10.	SIGNATURE													
### After May 1, 2003 Fee will be \$\$50.00 ### Addition May 1000 Fee	533	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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indicated on this report or supplied with this mining does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.