AMENDED

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532310

1. Entity Name
COASTAL ENGINEERING CONSULTANTS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 10 PM 3:20

600004547736--5
-08/21/01--01080--002
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3106 S HORSESHOE DR. NAPLES FL 34104 US	3106 S HORSESHOE DR. NAPLES FL 34104 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1728628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DENNIS C ESQ
BOND, SCHOENECK & KING, P.A.
4001 TAMIAMI TRAIL N, SUITE 250
NAPLES FL 34103

7. Name and Address of New Registered Agent

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHEN, MICHAEL F. 374 S GOLF DRIVE NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DANE, DOUGLAS J. 6240 CYPRESS HOLLW WAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DANE, DOUGLAS J. 6240 CYPRESS HOLLOW WAY NAPLES, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WESTON, DAVID E. 4748 1ST AVE, S.W. NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD WESTON, DAVID E. 4754 1ST AVE, S.W. NAPLES, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EWING, RICHARD J 982 ROSE WAY NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EWING, RICHARD J. 982 ROSE WAY NAPLES, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POFF, MICHAEL T. 1609 GARDENIA LANE NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POFF, MICHAEL T. 1609 GARDENIA LANE NAPLES, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORLEY, DANA L. 2584 44TH TERRACE S.W. NAPLES, FL	☐ Change XX Addition **SP**

CR2E034 (11/00)

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: _____ 7/23/01 941-643-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone