2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # 547533 / **Secretary of State** 1. Entry Name¹ 03-08-2001 90063 012 ***150.00 COASTAL CONSTRUCTION OF BREVARD, INC. Principal Place of Business Mailing Address 1222 N. HARBOR CITY BLVD. Same MELBOURNE, FL 32935 00022788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1769988 Not Applicable ²Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICE, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 1222 NORTH HARBOR CITY BLVD? MELBOURNE, FL 32935 City Zip Cade 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT TITLE ☐ Delete TITLE ☐ Change Addition RICE, JOHN B. NAME NAME STREET ADDRESS STREET ADDRESS 3066 RIO BONITA STREET CITY-ST-7IP CITY-ST-ZIP INDIALANTIC, FL 32903 TITLE SECRETARY/TREASURER ☐ Delete TITLE Change Addition NAME NAME BEVILLE S. OUTLAW STREET ADDRESS STREET ADDRESS 616 HIBISCUS TRAIL CITY-ST-7IP CITY-ST-ZIP MELBOURNE BEACH, FL 32951 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 supplied ental report is fully and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or fusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

2/27/2001

321-254-1099

Daytime Phone #

, John B. Rice, President

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE