

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 23 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 551558

1. Entity Name

Coastal Motors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13707 1/2 N. NEBRASKA

3. Mailing Address

P.O. Box 82186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-1785 894

Applied For

Not Applicable

Zip

33612

Country

11:11:11borough

Zip

33682

Country

11:11:11borough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A. WANDA RILEY

Street Address (P.O. Box Number is Not Acceptable)

13707 N. NEBRASKA AVE

City

Tampa

FL

Zip Code

33612

**DO NOT WRITE
IN THIS SPACE**

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 A. WANDA RILEY

A. Riley

4-19-02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
A. WANDA RILEY
13707 N. NEBRASKA AVE
Tampa, FL 33612

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6000005452046

-05/06/02--01017--020

*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V.P.
John T. Riley
13707 N. NEBRASKA AVE
Tampa, FL 33612

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-19-02 813-971-7353