

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575309

1. Entity Name
COASTPLAN, INC.

Principal Place of Business
6881 BUCKINGHAM RD.
FORT MYERS FL 33905
US

Mailing Address
6881 BUCKINGHAM RD.
FORT MYERS FL 33905
US

2. Principal Place of Business
12271 COYLE ROAD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50782
Suite, Apt. #, etc.

City & State
FORT MYERS, FL
Zip 33905

City & State
FORT MYERS, FL
Zip 33994-0782

4. FEI Number 59-1834570
Applied For
Not Applicable

Country US
Country LEE

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORKMAN, RICHARD W
6881 BUCKINGHAM RD.
FT. MYERS FL 33905

Name Workman, Richard W

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

12271 COYLE ROAD

City Fort Myers FL Zip Code 33905

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	TPD WORKMAN, RICHARD 6881 BUCKINGHAM RD. FT. MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Workman, Richard 12271 COYLE Road Fort Myers, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV BENNETT, AMY L 6881 BUCKINGHAM RD. FT. MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV KELLY Knauff 20250 Cypress Creek Road Alva, FL 39200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T'D JAMES Green 20250 Cypress Creek Road Alva, FL 39200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

April 24, 2001

SIGNATURE: Richard W. Workman

Richard W. Workman 941-694-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #