2003 FOR PROFIT CORPORATION

FILED Mar 24, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** 578060 DOCUMENT # 1. Entity Name 03-24-2003 90157 021 ***158.75 COASTLAND BUILDING CORP. Principal Place of Business Mailing Address 494 PINE AVENUE PO BOX 11448 NAPLES FL 34108 NAPLES FL 34101 HS 2. Principal Place of Business 3. Mailing Address 492 PINE VENUE Suite, Apt. #, etc. Suite, Apt. #, etc. BOX 11448-1453 ☐ CHECK HERE IF MAKING CHANGES & State 4. FE! Number Applied For 59-1842549 PLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4 S 4 LC SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINE, ROGER H Street Address (P.O. Box Number is Not Acceptable) 492 PINE AVE NAPLES FL 34108 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME FINE, ROGER H NAME STREET ADDRESS **492 PINE AVE** STREET ADDRESS CITY-ST-7IP NAPLES FL 34108 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FINE, HELENA A NAME STREET ADDRESS 492 PINE AVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FINE. JEFFREY A NAME STREET ADDRESS **492 PINE AVENUE** STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information upplied with this indicated on this report or supp of the corporation or the receive ntal report is true rustee empowe changed, or on an attachment

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition