

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90025 016 ***150.00

DOCUMENT # 696963

1. Entity Name
COASTAL HEATING AND COOLING, INC.

Principal Place of Business
611 NO 4 STR
JACKSONVILLE BCH FL 32250
US

Mailing Address
611 NO 4 STR
JACKSONVILLE BCH FL 32250
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 **59-2106777**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORREST, WAYNE L.
1507 FOREST MARSH DRIVE
NEPTUNE BEACH FL 32266

Name

LAWRENCE F. TAYLOR

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

433 HELMSMAN LN.

City

ATLANTIC BEACH

FL

Zip Code

32233

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **FORREST, WAYNE L.**
STREET ADDRESS **1507 FOREST MARSH DRIVE**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **PRESIDENT/SECRETARY** ☒ Change ☐ Addition
NAME **LAWRENCE F. TAYLOR**
STREET ADDRESS **433 HELMSMAN LN.**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **VS** ☒ Delete
NAME **FORREST, JOANN C.**
STREET ADDRESS **1507 FOREST MARSH DR**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE F. TAYLOR

1-7-02

Date

(904) 241-2030

Daytime Phone #

CR2E034 (9/01)