


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91008 011 ***150.00

DOCUMENT # F48842

1. Entity Name
COASTAL REVEGETATION, INC.



Principal Place of Business
**5 NE 2ND STREET
DELRAY BEACH FL 33444**

Mailing Address
**5 NE 2ND STREET
DELRAY BEACH FL 33444**



2. Principal Place of Business
36 S.E. 1ST AVE

3. Mailing Address
36 S.E. 1ST AVE.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
59-2140483

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REEDER, PAMELA B.
5 NE 2ND STREET
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name
REEDER, PAMELA B.

Street Address (P.O. Box Number is Not Acceptable)
**36 S.E. 1ST AVENUE
DELRAY BEACH**

City
FL Zip Code
33444

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 the obligations of registered agent.

SIGNATURE **PAMELA B REEDER** *Pamela B Reeder* **3/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nesting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REEDER, PAMELA B. 5 NE 2ND ST DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BELLANTE, DANIEL D. 5 NE 2ND ST DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REEDER, PAMELA B. 36 S.E. 1ST AVE. DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BELLANTE, DANIEL D. 36 S.E. 1ST AVE. DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela B Reeder* **PAMELA B. REEDER** **3/21/03** **561-495-0198**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)