

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90187 017 ***150.00

DOCUMENT # F95000005991

1. Entity Name

COASTAL FIRE PROTECTION, INC.

Principal Place of Business

**KITTY HAWK AVE
AUBURN ME 04211-1390**

Mailing Address

**PO BX 1623
AUBURN ME 04211-1623
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 **01-0501835**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MELANSON, REGAN
8961 NORTH FORK DR
N FT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

Richard Pulizzi

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

2558 Congress Street

Ft. Myers

City

FL

Zip Code
33901

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

Richard Pulizzi

2/9/01

DATE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HAYNES, JOHN D	
STREET ADDRESS	KITTY HAWK AVE	
CITY-ST-ZIP	AUBURN ME 04211-1390	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, BEVERLY A	
STREET ADDRESS	KITTY HAWK AVE	
CITY-ST-ZIP	AUBURN ME 04211-1390	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSAY, CHERYL	
STREET ADDRESS	KITTY HAWK AVE	
CITY-ST-ZIP	AUBURN ME 04211-1390	
TITLE	P	<input type="checkbox"/> Delete
NAME	ISAACSON PHILIP M	
STREET ADDRESS	75 PARK ST.	
CITY-ST-ZIP	LEWISTON ME	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John D. Haynes

John D. Haynes

2/9/01

207-784-1507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)