

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90142 004 \*\*\*550.00

0660205 AB

**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  
**8961 NORTH FORK DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 3437**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**NORTH FORT MYERS, FL.**  
Zip  
**33918**

City & State  
**NORTH FORT MYERS, FL.**  
Zip  
**33918**

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

**PULIZZI, RICHARD  
2558 CONGRESS STREET  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name  
**Pulizzi, Richard**

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

**2704 S.E. 12th Place**

City  
**Cape Coral**

**FL**

Zip Code  
**33904**

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 **Richard Pulizzi - Richard Pulizzi**

**5/1/03**

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**

**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  
**DPT  
HAYNES, JOHN D  
KITTY HAWK AVE  
AUBURN ME 04211-1390** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAYNES, BEVERLY A  
KITTY HAWK AVE  
AUBURN ME 04211-1390** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RAMSAY, CHERYL  
KITTY HAWK AVE  
AUBURN ME 04211-1390** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ISAACSON PHILIP M  
75 PARK ST.  
LEWISTON ME** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
Pulizzi, Richard  
North Fork dr.  
North Fort Myers, FL, 33903** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Rodriguez, Luis  
North Fork dr.  
North Fort Myers, FL, 33903** ☐ Change ☒ Addition

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

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

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

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

**SIGNATURE OF REGISTERED AGENT Richard Pulizzi**

**5/1/03**

**(297) 997-7721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)