

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90174 037 ***158.75

0621630

DOCUMENT # G96124

1. Entity Name

COASTAL FINANCIAL SECURITY, INCORPORATED

Principal Place of Business

500 N WESTSHORE BLVD
 SUITE 820
 TAMPA FL 33609
 US

Mailing Address

PO BOX 172597
 TAMPA FL 33672
 US

2. Principal Place of Business

3. Mailing Address

500 N. WESTSHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 820

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33609

USA

4. FEI Number

59-2400504

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUS, FRED
 7221 16TH CT NE
 ST PETERSBURG FL 33702

Name

FRED KRAUS

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

500 N. WESTSHORE BLVD.

SUITE 820

City

TAMPA

FL

Zip Code

33609

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

Fred Kraus FRED KRAUS

4/24/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DCEO
 KRAUS, FRED
 7221 16TH CT NE
 ST PETERSBURG FL 33702 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Fred Kraus FRED KRAUS

4/24/2001

813-286-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)