

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90249 005 ***150.00

DOCUMENT # H10016

1. Entity Name
COASTAL INVESTORS, INC.

Principal Place of Business Mailing Address
1076 ISLAND MANOR DRIVE 1076 ISLAND MANOR DRIVE
WEST PALM BEACH FL 33413-2043 WEST PALM BEACH FL 33413-2043

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 **59-2431899** 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

CARVETTE, JOHN

Mr John Carvette

~~411 SOUTH LAKESIDE DRIVE~~

~~APT #1~~

~~LAKE WORTH FL 33460~~

**1076 Island Manor Dr
 West Palm Bch, FL 33413-2043**

Name

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

City

FL

Zip Code

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
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
 NAME **CARVETTE, JOHN**
 STREET ADDRESS ~~411 SOUTH LAKESIDE DR~~
 CITY-ST-ZIP ~~LAKE WORTH FL~~
 Mr John Carvette
 1076 Island Manor Dr
 West Palm Bch, FL 33413-2043

TITLE **D**
 NAME **O'TOOLE, PATRICK J.**
 STREET ADDRESS **25 KNOLLWOOD CIRCLE**
 CITY-ST-ZIP **LONG MEADOW MA**
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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 CARVETTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)