

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90127 041 ***163.75

DOCUMENT # J08720

1. Entity Name

TRI-COASTAL ENTERPRISES, INC.

Principal Place of Business

**853 LAUDERHILL BEACH RD
336
NAPLES FL 34108
US**

Mailing Address

**853 LAUDERHILL BEACH RD
336
NAPLES FL 34108
US**

2. Principal Place of Business

853 Vanderbilt Beach Rd

Suite, Apt. #, etc.

#336

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Address **PMB 310**

700 Ranch Road 620 South

Suite, Apt. #, etc.

Suite C101

City & State

Austin, TX

Zip

78734

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2687956

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, COREY D

853 VANDERBILT BEACH RD

STE 336

NAPLES FL 34108

7. Name and Address of New Registered Agent

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

Corey D. Schmidt

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

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
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHMIDT, COREY D
853 VANDERBILT BEACH RD STE 336
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHMIDT, JEANNIE S
853 VANDERBILT BEACH RD STE 336
NAPLES FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
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:

Corey D. Schmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

800-330-1718

Daytime Phone #

CR2E034 (9/01)