

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J43650

1. Entity Name
COASTAL MARINE REPAIR, INC.FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90352 046 ***150.00

0122081
AV

Principal Place of Business	Mailing Address
% DOUGLAS JAREN, II 1357 SOUTH BANANA RIVER DRIVE MERRIT ISLAND FL 32952 US	% DOUGLAS JAREN, II 1357 SOUTH BANANA RIVER DRIVE MERRIT ISLAND FL 32952 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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JAREN, DOUGLAS, II 1300 S BANANA RIVER DR MERRIT ISLAND FL 32952		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 **\$5.00 May Be Added to Fees**10. Election Campaign Financing Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAREN, DOUGLAS, II		
STREET ADDRESS	1300 S BANANA RIVER DR		
CITY-ST-ZIP	MERRITT ISLAND FL		
TITLE	STD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAREN, KATHY L.		
STREET ADDRESS	1300 S BANANA RIVER DR		
CITY-ST-ZIP	MERRITT ISLAND FL		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<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: *Kathy L. Jaren* **REND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02 (321)453-1885
Date Daytime Phone #

CR2E034 (9/01)