

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90352 046 ***150.00

0122081 AV

DOCUMENT # J43650

1. Entity Name
COASTAL MARINE REPAIR, INC.

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

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. FEI Number 59-2746254
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAREN, DOUGLAS, II
1300 S BANANA RIVER DR
MERRIT ISLAND FL 32952

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
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 Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE PD JAREN, DOUGLAS, II
NAME JAREN, DOUGLAS, II
STREET ADDRESS 1300 S BANANA RIVER DR
CITY-ST-ZIP MERRIT ISLAND FL
TITLE STD JAREN, KATHY L.
NAME JAREN, KATHY L.
STREET ADDRESS 1300 S BANANA RIVER DR
CITY-ST-ZIP MERRIT ISLAND FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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