2000 UNIFORM BUSINESS REPORT (UBR)

6/12/00-90042-014-$150.00-$150.00

DOCUMENT # J93530

1. Entity Name

Coastal Window Tinting, Inc

Principal Place of Business | Mailing Address Same

3378 JoAnna Dr
Pace, FL 32571

2. Principal Place of Business
3378 JoAnna Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State Pace FL

City & State

Zip 32571 | Country Santa Rosa

Zip | Country

4. FEI Number 59-2862628 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Michael A. Emmert
3378 JoAnna Dr
Pace FL 32571

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, 2000 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 President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Michael A. Emmert		NAME	
STREET ADDRESS 3378 JoAnna Dr		STREET ADDRESS	
CITY-ST-ZIP Pace FL 32571		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
STREET ADDRESS		STREET ADDRESS	
ST ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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.

850-995-9955

SIGNATURE: _____ 6/2/2000 | 850 505-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #