

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90018 039 ***150.00

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DOCUMENT # J93530

1. Entity Name

COASTAL WINDOW TINTING, INC.



Principal Place of Business

3378 JOANNA DR
PACE FL 32571
US

Mailing Address

3378 JOANNA DR
PACE FL 32571
US

2. Principal Place of Business

3496 GOLF BREEZE PKWY

3. Mailing Address

3496 GOLF BREEZE PKWY

Suite, Apt. #, etc.

GOLF BREEZE, A

Suite, Apt. #, etc.

City & State

FL

City & State

GOLF BREEZE, FL

Zip

32563

Country

US

Zip

32563

Country

US

4. FEI Number

59-2862628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EMMERT, MICHAEL A
3378 JOANNA DR.
PACE FL 32571

7. Name and Address of New Registered Agent

Name CHRIS BYRNES

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

3530 GINGER LN.

City NAVARRE

FL

Zip Code

32566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chris Byrnes

CHRIS BYRNES

4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME EMMERT, MICHAEL A
STREET ADDRESS 3378 JOANNA DR.
CITY-ST-ZIP PACE FL 32571

TITLE T ☐ Delete
NAME BYRNES, CHRISTOPHER M
STREET ADDRESS 3530 GINGER LANE
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Byrnes SIGNATURE RECHRIS BYRNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

(850) 932-4405

Daytime Phone #

CR2E034 (10/02)