

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90372 042 ***150.00

DOCUMENT # K11801

1. Entity Name
COASTAL HOME TRADING CORP.

Principal Place of Business

**39-TREASURE CIRCLE
 SEBASTIAN FL 32958
 US**

Mailing Address

**39-TREASURE CIRCLE
 SEBASTIAN FL 32958
 US**

2. Principal Place of Business
P.O. BOX 1026

3. Mailing Address
P.O. BOX 1026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ZEPHIRHILLS, FL

City & State
ZEPHIRHILLS, FL

4. FEI Number **59-2864701**

Applied For
 Not Applicable

Zip
33539

Country
U.S.A.

Zip
33539

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAQUETTE, PIERRE
 29-TREASURE CIRCLE
 SEBASTIAN FL 32958**

Name **H. GREG LEE**

Street Address (P.O. Box Number is Not Acceptable)
2014 FOURTH ST.

City **SARASOTA**

FL **34237**

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.

H. GREG LEE

APRIL 30, 2001

(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, 2001 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 **DVPS** ☐ Delete
 NAME **VIAU, HENRY**
 STREET ADDRESS **130 DESCHAMPS**
 CITY-ST-ZIP **REPENTIGNY, QUEBEC CA J6A- 2X9**

TITLE **VIAU, HENRI, DECEASED** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **130 - RUE DESCHAMPS**
 CITY-ST-ZIP **REPENTIGNY, QUÉBEC, CANADA J6A 2X9**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VIAU, SYLVIE DPVS** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **2171 - RUE PRINCIPALE**
 CITY-ST-ZIP **SAINT-MICHEL, QUÉBEC, CANADA JOL 2J0**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 2001 (450) 247-3198

Date

Daytime Phone #

CR2E034 (10/00)