## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 14, 2001 8:00 am Secretary of State **DOCUMENT # K39759** 1. Entity Name COASTAL CONSTRUCTION OF MONROE, INC. 05-14-2001 90105 034 \*\*\*150.00 Principal Place of Business Mailing Address 790 NW 107 AVE. 790 NW 107 AVE. STE. 308 STE. 308 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0802683 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPCO, INC. Street Address (P.O. Box Number is Not Acceptable) 2699 S. BAYSHORE DR. 7TH FLOOR MIAMI FL 33133 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. XXAddition TITLE ☐ Delete TITLE ☐ Change MURPHY JR, THOMAS P NAME NAME MURPHY, THOMAS C. STREET ADDRESS STREET ADDRESS 790 NW 107 AVE 308 790 NW 107 Ave., Suite 308 Miami, Fl 33172 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Addition TITLE ☐ Delete TITLE ☐ Change NAME WHITEMAN, DAN STREET ADDRESS STREET ADDRESS 790 NW 107 AVE STE 308 CITY-ST-ZIP CITY-ST-ZIP MIAMI: FL 33172 -☐ Change ☐ Addition ☐ Delete VAUGHN, RON NAME NAME STREET ADDRESS STREET ADDRESS 790 NW 107 AVE STE 308 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** XXXDelete ☐ Change ☐ Addition TITLE TITLE NAME MURPHY, JOHN M NAME STREET ADDRESS STREET ADDRESS 790 NW 107 AVE STE 308 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

(305) 559-4900 Ronald D Vaughn SIGNATURE: 04 - 26 - 01SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #