

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90029 043 ***158.75

DOCUMENT # K44463

1. Entity Name

Coastal Southwest Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1625 W. Marion Ave

Suite, Apt. #, etc.

Suite 6

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda FL

Zip

Country

Zip

Country

33950

Charlotte

4. FEI Number

65-0082882

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Paula F. McQueen

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

1625 W. Marion Ave

Suite 6

City

Punta Gorda

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Paula F. McQueen

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 D
NAME Brad E. Bishop
STREET ADDRESS 2077 SW Kingsway Cir
CITY- ST- ZIP Lake Suzy FL

TITLE P.S.T.D
NAME Robert A. McQueen
STREET ADDRESS 26034 Shore Dr
CITY- ST- ZIP Punta Gorda, FL 33950

TITLE AS
NAME Paula F. McQueen
STREET ADDRESS 26034 Shore Dr
CITY- ST- ZIP Punta Gorda, FL 33950

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NAME

STREET ADDRESS

CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula F. McQueen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec

DATE

4/29/02

Daytime Phone #

941-637-8884

CR2E034B (12/01)