

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90278 044 ***150.00

0116740 AV

DOCUMENT # K76063

1. Entity Name

COAST ENGINE & EQUIPMENT COMPANY, INC.

Principal Place of Business

**739 SCALLOP DRIVE
 #59
 CAPE CANAVERAL FL 32920
 US**

Mailing Address

**739 SCALLOP DR #59
 CAPE CANAVERAL FL 32920-4533
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

**8985 Columbia Rd
 City & State
 CAPE CANAVERAL FL**

Zip
32920

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

**8985 Columbia Rd
 City & State
 CAPE CANAVERAL FL**

Zip
32920

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3044441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NORWICH, WILLIAM G.
 45 SOUTH ATLANTIC AVENUE
 COCOA BEACH FL 32931**

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, 2002 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

TITLE **P** ☐ Delete
 NAME **ROGERS, LOUIS T**
 STREET ADDRESS **319 PIONEER RD**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☐ Delete
 NAME **ROGERS, MARILYN G.**
 STREET ADDRESS **319 PIONEER RD**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Marilyn G. Rogers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn G Rogers Director

4-15-02

321 7841620
 Daytime Phone #

CR2E034 (9/01)