

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90126 030 ****50.00

DOCUMENT # L00000005758

1. Entity Name

COASTAL ATLANTIC CONSTRUCTION AND MANAGEMENT, LL
C

Principal Place of Business

2825 LEWIS SPEEDWAY, STE 104
ST. AUGUSTINE FL 32084

Mailing Address

2825 LEWIS SPEEDWAY, STE 104
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3665343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, C. KELLY
25 OLD MISSION AVENUE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Smith, C. Kelly

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

2825 Lewis Speedway Suite 104
St. Augustine FL 32084

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **HEFFERON, MICHAEL J**
 STREET ADDRESS **25 OLD MISSION AVENUE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **MGR** ☐ Delete
 NAME **SMITH, C.**
 STREET ADDRESS **25 OLD MISSION AVENUE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **mgr** ☒ Change ☐ Addition
 NAME **Hefferon, Michael J**
 STREET ADDRESS **2825 Lewis Speedway Suite 104**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **mgr** ☒ Change ☐ Addition
 NAME **Smith, C. Kelly**
 STREET ADDRESS **2825 Lewis Speedway Suite 104**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles K. Smith

CHARLES K. Smith

4402

904-828-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)