

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90125 004 ****50.00

DOCUMENT # L00000005759

1. Entity Name

COASTAL ATLANTIC HOMES, GROUP I, LLC

Principal Place of Business

2825 LEWIS SPEEDWAY #104
 ST AUGUSTINE FL 32084

Mailing Address

2825 LEWIS SPEEDWAY #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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3665376

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

City

St. Augustine

FL

Zip Code

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

Charles Kelly Smith

4-4-02

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 Kelly Smith

CHARLES K. Smith

4/4/02 (904) 808-9977

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

Date

Daytime Phone #

CR2E083 (9/01)