

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90126 045 \*\*\*\*50.00

**DOCUMENT # L00000005760**

1. Entity Name

**COASTAL ATLANTIC HOMES, GROUP II, LLC**

Principal Place of Business

**2825 LEWIS SPEEDWAY, SUITE 104  
 ST. AUGUSTINE FL 32084**

Mailing Address

**2825 LEWIS SPEEDWAY, SUITE 104  
 ST. AUGUSTINE FL 32084**

**954105**

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

**59-3665375**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*C. Kelly Smith*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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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)