2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90273 001 ****55.00

0015192

DOCUMENT # L01000004600

1. Entity Name

COASTAL DEMOLITION, LLC

Principal Place of Business	Mailing Address
2098 POLO GARDENS DRIVE APT. 202 WELLINGTON FL 33414	2098 POLO GARDENS DRIVE APT. 202 WELLINGTON FL 33414

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2098 Polo Gardens Dr.	PO BOX 210353
Suite, Apt. #, etc. Apt 202	Suite, Apt. #, etc.
City & State Wellington FL	City & State Royal Palm Beach, FL
Zip 33414 Country U.S.A.	Zip 33421 Country U.S.A.

4. FEI Number 65-1088655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, ~~JACK~~ John
2098 POLO GARDENS DRIVE
APT. 202
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Cole, John

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

2098 Polo Gardens Dr #202

City Wellington, FL Zip Code 33414

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 John Cole Managing Member 4/24/02

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Cole 2098 Polo Gardens Dr #202 Wellington FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER John Cole 2098 Polo Gardens Dr #202 Wellington FL 33414 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED John Cole Managing Member 4/24/02 561 757-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #