

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90216 004 ****50.00

DOCUMENT # L01000010894

1. Entity Name

COASTAL BENEFIT PLANS, L.L.C.

Principal Place of Business

**641 POINSETTIA RD.
BELLEAIR FL 33756**

Mailing Address

**641 POINSETTIA RD.
BELLEAIR FL 33756**

2. Principal Place of Business

HOME

3. Mailing Address

641 POINSETTIA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLEAIR

City & State

FL.

Zip

33756

Country

USA

Zip

Country

4. FEI Number

59-3730184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEARCY, JOHN S
641 POINSETTIA RD.
BELLEAIR FL 33756**

7. Name and Address of New Registered Agent

Name

JOHN S. PEARCY

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

641 POINSETTIA RD

City

BELLEAIR

FL

Zip Code

33756

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 **PRESIDENT** ☐ Delete
NAME **JOHN S. PEARCY**
STREET ADDRESS **641 POINSETTIA RD**
CITY-ST-ZIP **BELLEAIR FL. 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

2/27/02 727-586-0229

CR2E083 (9/01)