

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90074 017 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

L47065 ✓
COASTLAND AUTO BODY INC.

420429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5939 SHIRLEY ST.

Suite, Apt. #, etc.

3. Mailing Address

5939 SHIRLEY ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL.

City & State

NAPLES, FL

4. FEI Number

65-0171413

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MACFARLANE, STEWART T.

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

735 BELAIR CT.

City

NAPLES

FL

Zip Code

34103

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MACFARLANE, STEWART 735 BELAIR CT. NAPLES, FL. 34103</i>	<i>PS</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MACFARLANE, MARY 735 BELAIR CT. NAPLES, FL. 34103</i>	<i>VT</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>WALKER, JAMES M. 22 ROYAL COVE DR. NAPLES, FL. 34110</i>	<i>VM</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

James M. Walker JAMES M. WALKER

2-19-02 2-19-02 941-597-4907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)