321-726-8543

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900002443  1. Entity Name								FILED					
COASTAL MECHANICAL SERVICES, LLC  Principal Place of Business Mailing Address							01 APR 26 AM 10: 59						Ą
							SECRETARY OF STATE TALLAHASSEE, FLORIDA						
394 EAST DR MELBOURNE							ļ	6 IZBIL BIBLI BI	<b>ROO</b> (1412 1 <b>44</b> 1				
2. Principal P	lace of Business	<del> </del>	3. Mailing Address				a						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State	9	•	City & State			.	E0_2E72E01					olied For Applicable	
Zip .	Coun	ry	Zip	Count	try			te of Status D		Fe	5.00 Addi e Required		
	6. Name and Ad	iress of Current Re	gistered Agent		Name		7. Name ar	d Address o	f New Regis	tered Age	ent		4
HUMPHRIES, J. GREGORY ESQ. 20 NORTH ORANGE AVE., SUITE 1000					Street Address (P.O. Box Number is Not Acceptable)								
ORLANDO FL 32801-4626										1			1
					City					FL	Zip Code		]
	named entity submits	s this statement for th	ne purpose of changing it	s registere	ed office or	r registered	agent, or b	oth, in the Sta	ate of Florida	, !   			
SIGNATURE .	Signature, typed or printed n	ame of registered agent and	title if applicable. (NO	TE: Registered	d Agent signat	ture required wh	en reinstating)			DATE			-
			FILE N Make Check P		FEE (S \$ o Depart		State	8000	0 <b>04</b> 4 05/10// *****50	947 0101	708 <sup>-</sup>   142    *****	8 012 50.00	
9.	М	ANAGING MEMBER	S/MEMBERS	10.			<u> </u>		ITIONS/CH	ANGES		· .	1
TITLE NAME STREET ADDRESS	MGRM VENTURE MANA 394 EAST DRIVE	GEMENT GROUP,	Delete INC.	TITLE NAME STREE		MEN Vent		lanage	ment E	•	•	Addition	2E083 (11/00)
CITY-ST-ZIP	MELBOURNE FL	32904		CITY-	-ST-ZIP	Melb	DUCE	z, PC	3290		7.05	non a dates	- 25 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13
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CITY-ST-ZIP TITLE NAME	The state of the s	*	☐ Delete	TITLE	27	MGR	M. Mi	John .	<u>3290</u> 5,		_ Change	<b>X</b> Addition	
STREET ADDRESS CITY-ST-ZIP		,			ET ADDRESS - ST-ZIP	394 ME(1	East	Dr.	2904	!			_
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TITLE NAME STREET ANDRESS CITY-ST-ZIP			☐ Delete			716	th M Plau	itchell ers c e.PL	L 3794		Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE	E Et adoress	inc.	<u> </u>	<del>~   '                                  </del>	<u> </u>		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	on this report is true	and accurate and th	is filing does not qualify fat my signature shall have	NAMI STRE CITY- or the exer e the same	E ET ADDRESS -ST-ZIP mption sta e legal effe	ect as it mad	de under oa	itn; that I am	Statutes. I furi a managing	ther certify	that the in	formation	•