

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90218 003 ****50.00

DOCUMENT # M97000000523

1. Entity Name

COASTAL MARITIME SERVICES, LLC



Principal Place of Business

Mailing Address

**9550 REGENCY SQUARE BLVD., SUITE 1107
JACKSONVILLE FL 32225**

**9550 REGENCY SQUARE BLVD., SUITE 1107
JACKSONVILLE FL 32225**

20011377

2. Principal Place of Business

5860-2 William Mills St.

3. Mailing Address

PO Box 28639

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

USA

Zip

Country

32226-8639

USA

4. FEI Number

58-2293157

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

**LINDEBACK, MAGNUS B
9550 REGENCY SQUARE BLVD., SUITE 1107
JACKSONVILLE FL 32225**

Name

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

5860-2 William Mills St.

City

Jacksonville

FL

Zip Code

32226

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEBACK, MAGNUS B 9550 REGENCY SQUARE BLVD., #1107 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5860-2 William Mills St. Jacksonville FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILEY, KATHLEEN E 9550 REGENCY SQUARE BLVD., #1107 JACKSONVILLE FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5860-2 William Mills St. Jacksonville FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lindeback

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

1/10/03

(904) 757-1170

Date

Daytime Phone #

CR2E083 (10/02)