

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90397 011 ****61.25

DOCUMENT # N96000004905
1. Entity Name
COASTAL BAY PROPERTIES, INC.

669790

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 E. PALM AVENUE
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State

4. FEI Number
59-3401549
Applied For
Not Applicable

Zip
33602

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Klein, Carl
Street Address (P.O. Box Number is Not Acceptable)
5015 N. 22ND Street
City Tampa FL Zip Code 33610

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 _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>Cole, Robert L SR</u> <u>1710 N. Tom Folsom RD</u> <u>THENOTOSAJA, FL</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>SHIPP, ROBERT</u> <u>4424 ATWATER DRIVE</u> <u>TAMPA, FL 33610</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>JONES, LOUIS</u> <u>222 FAITHWAY DR.</u> <u>TAMPA, FL 33605</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>SCOTT, ROBERT R</u> <u>3604 RIVERGROVE DRIVE</u> <u>TAMPA, FL 33610</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>MACK, MONROE</u> <u>3002 ST CONRAD</u> <u>TAMPA, FL</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

SIGNATURE: Robert Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 813-218-9021

CR2E037B (12/01)