

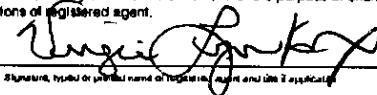
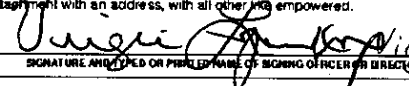


02-27-2003 90126 001 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000004905		
1. Entity Name COASTAL BAY PROPERTIES, INC.		
Principal Place of Business 400 S PALM AVE TAMPA, FL 33-602n		Mailing Address 5015 N. 22ND STREET TAMPA, FL 33610
2. Principal Place of Business 400 E. Palm Ave Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33602 Country US	3. Mailing Address 400 E. Palm Ave Suite, Apt. #, etc. Suite 200 City & State Tampa, FL Zip 33602 Country US	
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES		
4. FEI Number 50-3491540		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KLEIN, CARL 6016 N. 22ND STREET TAMPA, FL 33610		7. Name and Address of New Registered Agent Name: Virginia Lynn Knox Street Address (P.O. Box Number is Not Acceptable): 3626 Cord Grass Drive City: Valrico FL Zip Code: 33594
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:  DATE: 2/17/03 <small>Signature, typed or printed name of registered agent and fee 2 applicable (NOTE: Registered Agent Signature required when changing)</small>		
FILE NOW FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD <input checked="" type="checkbox"/> Delete	NAME: COLE, ROBERT SR STREET ADDRESS: 11719 TOM FOLSOM RD. CITY-ST-ZIP: TAMPA, FL 33592	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD <input checked="" type="checkbox"/> Delete	NAME: SHIPP, ROBERT STREET ADDRESS: 4424 ATWATER DRIVE CITY-ST-ZIP: TAMPA, FL 33610	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: SADLER, GEORGE W REV. STREET ADDRESS: 6096 EAST PALM AVE. CITY-ST-ZIP: TAMPA, FL 33602	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD <input type="checkbox"/> Delete	NAME: JONES, LOUIS STREET ADDRESS: 222 FAITHWAY DR. CITY-ST-ZIP: TAMPA, FL 33605	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> Delete	NAME: HAMMOND, JAMES A STREET ADDRESS: 2505 19TH AVE. CITY-ST-ZIP: TAMPA, FL 33607	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> Delete	NAME: SCOTT, ROBERT R STREET ADDRESS: 3604 RIVERGROVE DRIVE CITY-ST-ZIP: TAMPA, FL 33610	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 included 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.		
SIGNATURE:  DATE: 2/17/03		813-228-7642

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CR0307 (10/02)