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2003 FOR PROFIT CORPORATION

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Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000002377 DOCUMENT # 04-25-2003 90305 023 ***150 00 1. Entity Name COASTAL PROPERTIES OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1252 SE 2ND AVE. 1252 SE 2ND AVE. DEERFIELD BCH FL 33441 **DEERFIELD BCH FL 33441** 2. Principal Place of Business 2631 NE 53rd St. 3. Mailing Address 2631 NES3rd St. Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 65-0973984 nthouse Pt. Florida Lianthouse Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3064 Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. HUGHES, M. DANIEL Street Address (P.O. Box Number is Not Acceptable) 1301 SE 2ND TERR. 53rd st. **DEERFIELD BCH FL 33441** 2631 NE 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FÉÉ IS \$150.00 Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 901 married ☐ Addition TITI F Delete TITLE Change MENDENHALL, ELIZABETH Elizabeth Huanes NAME NAME STREET ADDRESS 1301 SE 2ND TERR. STREET ADDRESS 2631 NE 53rd **DEERFIELD BCH FL 33441** CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE ☐ Chãnge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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 10 or Block 11 if