

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90141 029 ***150.00

DOCUMENT # *P00000010104*

1. Entity Name

COASTAL HOME SERVICES, INC.

DO NOT WRITE IN THIS SPACE

971171

2. Principal Place of Business
1064 MEADOW VIEW LANE

Suite, Apt. #, etc.

3. Mailing Address
1064 MEADOW VIEW LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE FL

City & State
ST. AUGUSTINE, FL

4. FEI Number
59-3621676

Applied For
Not Applicable

Zip
32092

Country

Zip
32092

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 *LAPORTE BRIAN A*
Street Address (P.O. Box Number is Not Acceptable)
1064 MEADOW VIEW LANE
ST. AUGUSTINE FL
City *FL* Zip Code *32092*

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PSTD
LAPORTE, BRIAN A
1064 MEADOW VIEW LANE
ST. AUGUSTINE, FL 32092*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*NICOLLETTE LAPORTE, NICOLLETTE J
1064 MEADOW VIEW LANE
ST. AUGUSTINE FL 32092*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian A. LaPorte
Date *7/22/02* Daytime Phone # *904830774*

CR2E034B (12/01)

Attachment

Coastal Home Services, Inc.

1064 Meadow View Lane • St. Augustine, Florida 32092 • 904-823-0774 • blaporte@opfire.net

#

971171

7/22/2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To the Division of Corporations,

I am requesting the waiver of the \$400 late fee associated with the filing of the Uniform Business Report (UBR) for Coastal Home Services, Inc. of which I am President and owner. I have not received a renewal package in the mail as of this date. The most probable reason for this is the two address changes that I have gone through since my original corporate filings. The original corporate address was 20 Lake Julia Drive South, Ponte Vedra Beach, FL 32082. The interim address was 116 The Vinings Drive, Jacksonville, FL 32259.

The current address is 1064 Meadow View Lane, St. Augustine, FL 32092

My corporation is COASTAL HOME SERVICES, INC. FEI# 59-3621676, document # P00000010104.

I have enclosed the \$150.00 fee in anticipation of a positive response to my request. Thank you for your consideration in this matter.

Yours truly,



Brian LaPorte
President
Coastal Home Services, Inc.
904 823 0774