

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000012111**

1. Entity Name

COASTAL SHUTTERS OF THE TREASURE COAST, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90001 003 ***150.00

702748

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1430 HUFFMAN ROAD
PORT ST. LUCIE FL 34952**

Mailing Address

**1430 HUFFMAN ROAD
PORT ST. LUCIE FL 34952**

2. Principal Place of Business

1386 SE Huffman Rd

3. Mailing Address

1386 SE Huffman Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Port St Lucie FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

65-0981205

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAVO, CHARLES E
1430 HUFFMAN ROAD
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **DRAVO, CHARLES E**
STREET ADDRESS **1685 MACQUILLEN ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**TITLE **VD** ☐ Delete
NAME **MEDER, JOSEPH**
STREET ADDRESS **1933 N.W. 21ST TERRACE**
CITY-ST-ZIP **STUART FL 34994**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E Dravo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

043557