

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90086 039 \*\*\*150.00

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**DOCUMENT # P00000034591**

1. Entity Name

COASTAL PROPERTIES REAL ESTATE COMPANY, INC.

Principal Place of Business

206 CAMELIA ST.  
GULF BREEZE FL 32561

Mailing Address

206 CAMELIA ST.  
GULF BREEZE FL 32561

2. Principal Place of Business

95 BAY BRIDGE DR  
Suite, Apt. #, etc.

3. Mailing Address

95 BAY BRIDGE DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
GULF BREEZE FL

Zip  
32561

Country  
SANTA ROSA

City & State  
GULF BREEZE, FL

Zip  
32561

Country  
SANTA ROSA

4. FEI Number  
59-3658036

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLIWAS, WILLIAM J  
206 CAMELIA ST.  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name  
WILLIAM J. GOLIWAS  
Street Address (P.O. Box Number is Not Acceptable)  
95 BAY BRIDGE  
City GULF BREEZE FL Zip Code 32561

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 *William J. Golwas*  
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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
RIFFEL, RITA A PRES.  
95 BAY BRIDGE DR.  
GULF BREEZE FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Rita A. Riffel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President* 3/1/02  
Date Daytime Phone #

CR2E034 (9/01)