

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90046 019 ***150.00

DOCUMENT # P00000068659

1. Entity Name
COASTAL SUNRISE, INC.

Principal Place of Business

**1351 CORTE NUEVA
WINTER SPRINGS FL 32708**

Coastal Sunrise
5840 Red Bug Lake Road
PMB # 270
Winter Springs, FL 32708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5840 Red Bug Lake Road

Suite, Apt. #, etc.

PMB # 270

City & State
Winter Springs Florida

Zip
32708

Country

4. FEI Number
59-3665906

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBINO, NICHOLAS J
159 LOOKOUT PLACE, SUITE 101
MAITLAND FL 32751

Name
Catherine Davey
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 941251 151 Lookout Place, Ste 200
City
Maitland Florida FL Zip Code
32751
32794-1251

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 *Catherine E. Davey*
Signature, typed or printed name of registered agent and title if applicable.

CATHERINE E. DAVEY

1/21/02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DEAN P 1351 CORTE NUEVA WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SUSAN L 1351 CORTE NUEVA WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 407-359-8062
Date Daytime Phone #

CR2E034 (9/01)