2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000071096 1. Entity Name COASTAL HIPERFORMANCE, INC.					May 18, 2001 8:00 a Secretary of State 04-18-2001 90018 028 ***150.00			
Principal Place of Business 3970 7TH STBEET WEST SUITE 518 BRADENTON FL 34209		Mailing Address 3978-2TH STREET WEST SUITE 519 BRADENTON FL 34209	,		L LEGITORY VIA FRANCISCO			
2. Principal Place of Busine 36/1 57+4 / Suite, Apt. #, etc.	Ave DR. W	3. Mailing Address 36.11.57 Sulte, Apt. #, etc.	M Ave DR	·w.	DO	NOT WRITE IN TH	IIS SPACE	
City & State Bradenton	Florida	City & State BRACLENT	ON From	ida d	FEI Number 05-104"	2134	15-4	Applied For Not Applicable
	Manatee	34210	Marat	<u> </u>	Certificate of Status		\$8.75 A Fee Requ	
O. Name a	and Address of Current R	egistered Agent	· Name	7.	Name and Address	of New Register	d Agent	
SPIEGEL & UTRE 343 ALMERIA AVE CORAL GABLES F	ENUE		Street Address (P.O. Box Number is Not Acceptable			cceptable)		
OOINE CABLES I		City				 5	Zip Co	ebx
8. The above named entity s	submits this statement for t	the purpose of changing it	s registered office o	r registered aç	gent, or both, in the S	tate of Florida.		
SIGNATURE	printed name of registered agent and	d title if applicable. (NO	TE: Registered Agent signs III FEE IS \$150. DD1 Fee will be \$1	nute required when i	•• • •	DAT palgn Financing	\$5.	00 May Be and to Fees
SIGNATURE Signature, typed or 9. This corporation is eligible Tax filling requirement and (See criteria on back) 11.	printed name of registered agent and the to satisfy its intangible and efects to do so.	FILE NOW After MAY 1, 20 Make Check Paya	TE: Registered Agent signs III FEE IS \$150. DD1 Fee will be \$1	nue required when i 00 550.00 t of State	einstating) 10. Election Carry	DAT palgn Financing ontribution.	\$5.	ed to Fees
SIGNATURE Signature, typed or 9. This corporation is eligible Tax filling requirement and (See criteria on back) 11. TITLE NAME STREET ADDRESS GITY-SI-ZIP BRADENTON	printed name of registered agent and let to satisfy its intangible and efects to do so.	FILE NOW After MAY 1, 20 Make Check Payal RECTORS	TE: Registered Agent signs III FEE IS \$150. DD1 Fee will be \$1 ble to Departmen	00 550.00 t of State	10. Election Cam Trust Fund Co	palgn Financing ontribution. TO OFFICERS A	S5. Addi	ed to Fees RS IN 11
SIGNATURE Signature, typed or 9. This corporation is eligible tax filling requirement and (See criteria on back) 11. TITLE PD GREEN, GEO STREET ADDRESS GITY-ST-ZIP BRADENTON TITLE VSTD GREEN, DEE	printed name of registered agent and the to satisfy its intangible and elects to do so. OFFICERS AND DISTRIBUTE STATES WEST SUITE STATES OF SUITE SUITE STATE	FILE NOW After MAY 1, 26 Make Check Payal RECTORS Delete	III FEE IS \$150. DI Fee will be \$150 to Departmen 12. TITLE NAME / STREET ADDRESS	00 00 050.00 t of State AD BROOK	10. Election Carm Trust Fund Co	palgn Financing ontribution. TO OFFICERS A	S5. Addi	ed to Fees
SIGNATURE Signature. hyped or 9. This corporation is eligible tax filling requirement and (See criteria on back) 11. TITLE PD GREEN, GEO STREET ADDRESS GITY-ST-ZIP BRADENTON TITLE VSTD GREEN, DEE STREET ADDRESS GREEN, DEE	printed name of registered agent and the to satisfy its intangible and elects to do so. OFFICERS AND DISTRIBUTE STATES WEST SUITE STATES OF SUITE SUITE STATE	FILE NOW After MAY 1, 26 Make Check Payal RECTORS Delete	III FEE IS \$150. DD1 Fee will be \$150. DD1 Fee will be \$150. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	00 00 050.00 t of State AD BROOK	10. Election Cam Trust Fund Co	palgn Financing ontribution. TO OFFICERS A	S5. Addi	BS IN 11
SIGNATURE Signature. hyped or 9. This corporation is eligible tax filling requirement and (See criteria on back) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP RADENTON TITLE VSTD GREEN, DEE STRIET ADDRESS CITY-ST-ZIP BRADENTON TITLE NAME STRIET ADDRESS STREET ADDRESS	printed name of registered agent and the to satisfy its intangible and elects to do so. OFFICERS AND DISTRIBUTE STATES WEST SUITE STATES OF SUITE SUITE STATE	FILE NOW After MAY 1, 26 Make Check Payal RECTORS Details Details	III FEE IS \$150. DD1 Fee will be \$150. DD1 Fee will be \$150. DD1 Fee will be \$150. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	00 00 050.00 t of State AD BROOK	10. Election Carm Trust Fund Co	palgn Financing ontribution. TO OFFICERS A	S\$5. Addi	ed to Fees RS IN 11 Addition Addition
SIGNATURE Signature, typed or 9. This corporation is eligible tax filling requirement and (See criteria on back) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	printed name of registered agent and the to satisfy its intangible and elects to do so. OFFICERS AND DISTRIBUTE STATES WEST SUITE STATES OF SUITE SUITE STATE	FILE NOW After MAY 1, 26 Make Check Payal RECTORS Detate Detate	TE: Registered Agent signal III FEE IS \$150. DD1 Fee will be \$1 ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	00 00 050.00 t of State AD BROOK	10. Election Carm Trust Fund Co	palgn Financing ontribution. TO OFFICERS A	S\$5. Addi	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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAMA OFFICER OR DIRECTOR

==

4.1321

941-758-5746