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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am DOCUMENT # P0000099245 Secretary of State 1. Entity Name COASTAL MAINTENANCE & REPAIR, INC. 01-25-2001 90162 044 ***150 00 Principal Place of Business Mailing Address 661 SE 18TH AVE 661 SE 18TH AVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number , City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUONFIGLIO, JUDY** Street Address (P.O. Box Number is Not Acceptable) 661 SE 18TH AVE POMPANO BEACH FL 33060 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BUONFIGLIO, JUDY** NAME NAME STREET ADDRESS **661 SE 18TH AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Addition ☐ Change TITLE ☐ Defete TITLE **BUONFIGLIO. JERRY** NAME NAME STREET ADDRES 661-SE-18TH-AVE-STREET-ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if