

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90157 015 \*\*\*150.00

**DOCUMENT # P00000115842**

**1. Entity Name**  
**COASTAL SEALING & WATERPROOFING, INC.**

**Principal Place of Business**

**6543 SABAL DRIVE**  
**SIESTA KEY FL 34242**

**Mailing Address**

**6543 SABAL DRIVE**  
**SIESTA KEY FL 34242**

**2. Principal Place of Business**

**5918 LARCHWOOD AVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**5918 LARCHWOOD AVE**  
 Suite, Apt. #, etc.

**City & State**

**SARASOTA FL**

**City & State**

**SARASOTA FL**

**4. FEI Number**

**65-1062639**

☒ **Applied For**

☐ **Not Applicable**

**Zip**

**34231**

**Country**

**SARASOTA**

**Zip**

**34231**

**Country**

**SARASOTA**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**4. 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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **BASTIEN, ROBERT R**  
**STREET ADDRESS** **6543 SABAL DRIVE**  
**CITY-ST-ZIP** **SIESTA KEY FL 34242**

**TITLE** **STD** ☒ **Delete**  
**NAME** **ROSS, H. KERN**  
**STREET ADDRESS** **6543 SABAL DRIVE**  
**CITY-ST-ZIP** **SIESTA KEY FL 34242**

**TITLE** **STD** ☐ **Delete**  
**NAME** **MARY TRACEY-BASTIEN**  
**STREET ADDRESS** **5918 LARCHWOOD AVE.**  
**CITY-ST-ZIP** **SARASOTA, FL. 34231**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **5918 LARCHWOOD AVE.**  
**CITY-ST-ZIP** **SARASOTA FL 34231**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **5918 LARCHWOOD AVE.**  
**CITY-ST-ZIP** **SARASOTA FL 34231**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME** **STD**  
**STREET ADDRESS** **MARY TRACEY-BASTIEN**  
**CITY-ST-ZIP** **5918 LARCHWOOD AVE.**  
**SARASOTA FL. 34231**

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

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

**TITLE** ☐ **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:** *M. St. Bastien* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09-16-02 (941) 922-9722.**

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

# P00000115842

September 16, 2002

Department of State  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Corporation: Coastal Sealing and Waterproofing.  
FEI #: 65-1062639

Dear Reader:

The above referenced corporation moved to a new location and did not receive the Uniform Business Report for 2002, therefore, the UBR was inadvertently not filed. We are just now receiving mail that has been forwarded to the new address.

Due to the above facts I am requesting a waiver of all late fees. Please find enclosed the report and a check in the amount \$150 for the Uniform Business Report for 2002.

If you have any questions, please contact me.

Sincerely,

Robert Bastien

Enclosure