

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90129 024 ***150.00

0653753 AV

DOCUMENT # P00000115842

1. Entity Name

COASTAL SEALING & WATERPROOFING, INC.



Principal Place of Business

**5918 LARCHWOOD AVE
SARASOTA FL 34231**

Mailing Address

**5918 LARCHWOOD AVE
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1062639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE : PD
NAME : BASTIEN, ROBERT R
STREET ADDRESS : 5918 LARCHWOOD AVE
CITY-ST-ZIP : SARASOTA FL 34231

☐ Delete

TITLE : STD
NAME : TRACEY-BASTIEN, MARY
STREET ADDRESS : 5918 LARCHWOOD AVE
CITY-ST-ZIP : SARASOTA FL 34231

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Tracey Bastien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03

Date

(941) 922-9722

Daytime Phone #

CR2E034 (10/02)