

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 009 ***150.00

DOCUMENT # P01000002302

1. Entity Name

COASTAL MORTGAGE LENDERS, INC.

Principal Place of Business

5091 TAMAMI TR E. THE VILLAGE FALLS CENTE
 NAPLES FL 34113

Mailing Address

5091 TAMAMI TR E. THE VILLAGE FALLS CENTE
 NAPLES FL 34113

2. Principal Place of Business

501 GOODLETTE ROAD NORTH

3. Mailing Address

8085 CELESTE DRIVE

Suite, Apt. #, etc

BLOG D-100

Suite, Apt. #, etc

811

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-1100107

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34113

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD K JR ESQ
 2640 GOLDEN GATE PKWY, STE 206
 NAPLES FL 34105

7. Name and Address of New Registered Agent

Name MICHAEL R. HOGGATT
 Street Address (P.O. Box Number Is Not Acceptable)
8085 CELESTE DRIVE #811
 City NAPLES FL Zip Code 34113

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 Michael R. Hoggatt - PRESIDENT
 Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

1-25-02
 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

TITLE D ☒ Delete
 NAME HOGGATT, MICHAEL R
 STREET ADDRESS 5091 TAMAMI TR E, THE VILLAGE FALLS CENTE
 CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME MICHAEL R. HOGGATT
 STREET ADDRESS 8085 CELESTE DRIVE #811
 CITY-ST-ZIP NAPLES, FL- 34113

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

TITLE ☐ Change ☐ Addition
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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: Michael R. Hoggatt MICHAEL R. HOGGATT PRES- 1-25-02 941-272-2211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)