

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90235 044 \*\*\*150.00

0397431 AV

**DOCUMENT # P01000017744**

1. Entity Name

COASTAL MARINE SURVEYING & CONSULTING, INC.



Principal Place of Business

C/O JOHN P. FENNER, ESO  
2840 NW BOCA RATON BLVD. STE 107  
BOCA RATON FL 33431

Mailing Address

C/O JOHN P. FENNER, ESO  
2840 NW BOCA RATON BLVD. STE 107  
BOCA RATON FL 33431

11010707



2. Principal Place of Business

2201 NE 4th way.

3. Mailing Address

2201 NE 4th way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1080696

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

FENNER, JOHN P ESO  
2840 NW BOCA RATON BLVD  
SUITE 107  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Victor Jensen

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

2201 NE 4th way.

City

Boca Raton, FL

FL

Zip Code

33431

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)

4/21/03  
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	D	<input type="checkbox"/> Delete
NAME	JENSEN, VICTOR JR	
STREET ADDRESS	2201 NE 4 WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03  
Date

954 242-5198  
Daytime Phone #

CR2E034 (10/02)