

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90265 001 ***150.00

DOCUMENT # P01000034738

1. Entity Name
COASTAL CAPTIONS, INC.

Principal Place of Business
3250 NW 85TH AVE., #14
CORAL SPRINGS FL 33065

Mailing Address
3250 NW 85TH AVE., #14
CORAL SPRINGS FL 33065



2. Principal Place of Business
7371 NW 61st Terr.
 Suite, Apt. #, etc.

3. Mailing Address
Same 7371 NW 61st Terr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Parkland, Florida
 Zip
33067

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Parkland, Florida
 Zip
33067

4. FEI Number
65-1093198

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOLLMAN, DEBRA
3250 NW 85TH AVE., #14
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **Debra Bollman**
 Street Address (P.O. Box Number is Not Acceptable)
7371 NW 61st Terrace
 City **Parkland** FL Zip Code **33067**

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 *Debra A. Bollman* **Debra A. Bollman Owner 4/22/02**
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, DEBRA 3250 NW 85TH AVE., #14 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P Bollman, Debra 7371 NW 61st Terrace Parkland, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra A. Bollman* **Debra Bollman 4-22-02 954-7577657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)