

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90054 034 ***150.00

0034301 AV

DOCUMENT # P01000034738

1. Entity Name

COASTAL CAPTIONS, INC.



Principal Place of Business

7371 NW 61ST TERR
PARKLAND FL 33067

Mailing Address

7371 NW 61ST TERR
PARKLAND FL 33067

2. Principal Place of Business

214 NE Blairwood Tr.
Suite, Apt. #, etc.

3. Mailing Address

214 NE Blairwood Tr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Jensen Beach FL

City & State

Jensen Beach FL

4. FEI Number

65-1093198

Applied For

Not Applicable

Zip

34957

Country

Zip

34957

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLLMAN, DEBRA
7371 NW 61ST TERR
PARKLAND FL 33067

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

Debra Bolman

7-14-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete
NAME DP
STREET ADDRESS BOWMAN, DEBRA
CITY-ST-ZIP 7371 NW 61ST TERR
PARKLAND FL 33067

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS Bolman, Debra
CITY-ST-ZIP 214 NE Blairwood Tr.
Jensen Beach, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Debra Bolman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03 772-225-6337

Date Daytime Phone #

CR2E034 (4/03)

Attachment

7-14-03

90145850
~~#001000034738~~

To whom it may concern:

I did not receive by mail my
UBR until 7/14/03. I mailed it
with the \$150.⁰⁰ fees the next
day. Thank you.

Debra A. Ballman

Director
President

772-225-6331