

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

FILED

02 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059900

1. Entity Name

Coastal Estate Developer, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2305 Casey Key Road

3. Mailing Address

2305 Casey Key Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Nokomis, FL

City & State
Nokomis, FL

Zip
34275

Country
USA

Zip
34275

Country
USA

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Henry Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
2305 Casey Key Road

City
Nokomis

FL

Zip Code
34275

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

[Signature]

(Signature, typed or printed name of registered agent, whichever is applicable)

(NOTE: Registered Agent signature required when reappointing)

4/29/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

P, T, D
Henry Rodriguez
2305 Casey Key Road
Nokomis, FL 34275

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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500005415815

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Henry Rodriguez

4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Optional Phone #

CR2E034B (12/01)

282

ACCOUNT FILING COVER SHEET
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
850-222-1173

RECEIVED
02 MAY - 1 AM 10:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT:

Pam

DATE:

5-1-02

REF #:

0487.6399

CORP. NAME:

Coastal Estate Developers Inc

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

() CERTIFIED COPY ☒ PLAIN COPY () GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$

150.00

AUTHORIZATION:

Office