

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

FILED

OCT 30 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081630

1. Entity Name

COASTAL SLEEP DISORDERS
SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2060 SE ST LUCIE BLVD

3. Mailing Address

2060 SE ST LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34996

Country

Zip

34996

Country

4. FEI Number

65-1134-829

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

MARK PINGOLT

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

2060 SE ST LUCIE BLVD

City

STUART

FL

Zip Code

34996

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

Mark Pingolt

MARK PINGOLT

10-24-02

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) ☐

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	PRESIDENT MARK PINGOLT 2060 SE ST LUCIE BLVD STUART, FL 34996
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Pingolt
MARK PINGOLT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02(112) 288-4707

Date

Daytime Phone #



Nora F. Catano, C.P.A., P.A.

P. O. Box 507 • Stuart, Florida 34995-0507 • (772) 286-5669 • Fax (772) 286-6537

MEMBER:
American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

October 22, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Coastal Sleep Disorders Services, Inc.
FEI # 65-1134829

Gentlemen:

The above-mentioned corporation, Coastal Sleep Disorders Services, Inc., received a notice of administrative dissolution effective October 4, 2002(copy attached). This corporation did not receive the Uniform Business Report for 2002. Enclosed, please find its 2002 UBR along with a check for \$150.00. Please consider this form and payment satisfactory for reinstatement of Coastal Sleep Disorder Services, Inc.

Very truly yours,

Nora F. Catano, CPA, PA

Nora F. Catano, CPA, PA

mm/NFC

cc: Coastal Sleep Disorders Services, Inc.

Enclosure