

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90066 026 ***150.00

DOCUMENT # P01000081641

1. Entity Name
COAST TECHNOLOGIES, INC.



Principal Place of Business
3202 DEER CHASE RUN
LONGWOOD FL 32779

Mailing Address
3202 DEER CHASE RUN
LONGWOOD FL 32779



2. Principal Place of Business
1398 Tadsworth Rd
Suite, Apt. #, etc.

3. Mailing Address
1398 Tadsworth Terr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Heathrow FL
Zip
32746
Country
USA

City & State
Heathrow FL
Zip
32746
Country
USA

4. FEI Number 59-3741163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENKE, THOMAS W
3202 DEER CHASE RUN
LONGWOOD FL 32779

Address
change →

7. Name and Address of New Registered Agent

Name
[Signature]
Street Address (P.O. Box Number is Not Acceptable)
1398 Tadsworth Terrace
City Heathrow FL Zip Code 32746

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HENKE, THOMAS W 3202 DEER CHASE RUN LONGWOOD FL 32779	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: THOMAS W. Henke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)