

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 041 ***150.00

0133694 AV

DOCUMENT # P02000043612

1. Entity Name
COASTAL HOME SALES INC.



Principal Place of Business
465 E WAVERLY PLACE #8C
VERO BEACH FL 32960

Mailing Address
465 E WAVERLY PLACE #8C
VERO BEACH FL 32960

11050408



2. Principal Place of Business

1233 US Hwy #1 SW
Suite, Apt. #, etc.

3. Mailing Address

1233 US Hwy #1 SW
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

01-0081270

Applied For

Not Applicable

Zip
32962

Country
USA

Zip
32962

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATERSON, LYNDIA
465 E WAVERLY PLACE #8C
VERO BEACH FL 32960

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 25/03

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

TITLE
DO ☐ Delete
NAME
PATERSON, LYNDIA
STREET ADDRESS
465 E WAVERLY PLACE #8C
CITY-ST-ZIP
VERO BEACH FL 32960

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Lyndia Paterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 25/03 772-564-8991

CR2E034 (10/02)