2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000073947

Entity Name: COASTAL IMPACT, INC.

9232 NW 55TH STREET

SUNRISE, FL 33351

Address: City-St-Zip: FILED Jan 02, 2003 Secretary of State

•		,		
Current Principal Place of Business:			New Principal Place of Business:	
	55TH STREET , FL 33351			
Current Mailing Address:			New Mailing Address:	
	55TH STREET , FL 33351			
FEI Number	: 03-0473456	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
9232 NW SUNRISE,	CHI, VINCENT 55TH STREET , FL 33351 e named entity see of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Age			ent	Date
	mpaign Financing	g Trust Fund Contribution ().	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:		Delete INCENT STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VD () SCAPECCHI, V 10064 NW 48T CORAL SPRING	H COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	TD () SCAPECCHI, K	Delete ELLY	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VINCENT SCAPECCHI PD 01/02/2003