

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91833 021 ***150.00

DOCUMENT # P02000087736

1. Entity Name
COASTAL CONSTRUCTION LIMITED, INC.



Principal Place of Business
2925 CARDINAL DRIVE
SUITE C
VERO BEACH FL 32963

Mailing Address
2925 CARDINAL DRIVE
SUITE C
VERO BEACH FL 32963

2. Principal Place of Business

465 3rd Lane SW

Suite, Apt. #, etc.

3. Mailing Address

465 3rd Lane SW

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Vero Beach, FL

City & State
Vero Beach, FL

4. FEI Number
56-2288380

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

7. Name and Address of New Registered Agent

KLAWITER, GREG
2925 CARDINAL DRIVE
SUITE C
VERO BEACH FL 32963

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 *Greg Klawiter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-03

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	D	<input type="checkbox"/> Delete
NAME	KLAWITER, GREG	
STREET ADDRESS	PO BOX 880756	
CITY-ST-ZIP	PT. ST. LUCE FL 34988	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICHERS, THOMAS	
STREET ADDRESS	5393 S.E. INLET PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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: *Greg Klawiter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

772-567-8385

Daytime Phone #

CR2E034 (10/02)