

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000094992

1. Entity Name
COASTAL REFERRAL & ANSWERING SERVICE, INC.



FILED

03 MAR 14 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 262406
TAMPA FL 33685

Mailing Address
PO BOX 262406
TAMPA FL 33685



2. Principal Place of Business

5373 EHRLICH RD

Suite, Apt. #, etc.

Suite 151

City & State

TAMPA FL

Zip
33625

Country

3. Mailing Address

5373 EHRLICH RD

Suite, Apt. #, etc.

Suite 151

City & State

TAMPA FL

Zip
33625

Country

4. FEI Number

22-3864157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOHLLEBER, DARYLE
720 E FLETCHER AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

APRIL SZCZESNY

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

5373 EHRLICH RD

City

TAMPA

FL

Zip Code

33625

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

3-10-03

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 D
NAME SZCZESNY, APRIL
STREET ADDRESS PO BOX 262406
CITY-ST-ZIP TAMPA FL 33685

☒ Delete

TITLE P
NAME APRIL SZCZESNY
STREET ADDRESS 5373 EHRLICH RD Suite 151
CITY-ST-ZIP TAMPA FL 33625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

Daytime Phone #

CR2E034 (10/02)