

# 2000 UNIFORM BUSINESS REPORT (UBR)

0567296

DOCUMENT # P34680

1. Entity Name

COASTAL REMEDIATION COMPANY

FILED

00 FEB 25 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O CORPORATE SECRETARY  
9 GREENWAY PLAZA  
HOUSTON TX 27046  
US

Mailing Address  
C/O CORPORATION SECRETARY  
9 GREENWAY PLAZA  
HOUSTON TX 77046-0905  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 76-0247500  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	ARLEDGE DAVID A.	
STREET ADDRESS	NINE GREENWAY PLAZA	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	O'TOOLE, AUSTIN M.	
STREET ADDRESS	NINE GREENWAY PLAZA	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATTIE, KEITH O	
STREET ADDRESS	NINE GREENWAY PLAZA	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GULLQUIST, DONALD	
STREET ADDRESS	NINE GREENWAY PLAZA	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4000003156234--7	
CITY-ST-ZIP	-03/03/00--01054--006	
	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	LS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 for 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Austin M. O'Toole, Sr VP & Secretary (2133) 897-6825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)