

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P40257

FILED
Jan 09, 2003
Secretary of State

Entity Name: COASTAL CAISSON CORP.

Current Principal Place of Business:

12290 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

12290 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 04-3163765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAUER, THOMAS,
Address: WITTELSBACHERSTR. 5
City-St-Zip: SCHROBENHAUSEN, GERMA,

Title: D () Delete
Name: TOSCHEMACHER, PETER,
Address: WITTELSBACHERSTR. 5
City-St-Zip: SCHROBENHAUSEN, GERMA,

Title: D () Delete
Name: BAUER, THOMAS,
Address: WITTELSBACHERSTR. 5
City-St-Zip: SCHROBENHAUSEN, GERMA,

Title: P () Delete
Name: PUCCINI, CHARLES
Address: 12290 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: WIKSTEN, JON
Address: 12290 US HWY 19N
City-St-Zip: CLEARWATER, FL

Title: ST () Delete
Name: PARENT, RICHARD
Address: 12290 US HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES PUCCINI

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01/09/2003

Electronic Signature of Signing Officer or Director

Date