

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mothman

Secretary of State

1996 3-29-96

B-2839

OFFICE OF CORPORATIONS

C

DOCUMENT # P92000003579 (9)

1. Corporation Name

COASTAL SOLUTIONS INC.



Principal Place of Business

Mailing Address

3749 AMESBURY LANE
SARASOTA FL 34232
US

3749 AMESBURY LANE
SARASOTA FL 34232
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SOUTHWORTH, JORGE C
3749 AMESBURY LANE
SARASOTA FL 34232

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the registered agent or the person authorized to change the registered office or registered agent.

Signature of the President, Secretary, Treasurer, or a director of the corporation.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PT

NAME

SOUTHWORTH, JORGE C

STREET ADDRESS

3749 AMESBURY LANE

CITY-STATE-ZIP

SARASOTA FL

TITLE

VS

NAME

HOAGLAND, BARBARA A.

STREET ADDRESS

3749 AMESBURY LANE

CITY-STATE-ZIP

SARASOTA FL

TITLE

S

NAME

HOAGLAND, ALAN B.

STREET ADDRESS

3749 AMESBURY LANE

CITY-STATE-ZIP

SARASOTA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

13.1 TITLE

NAME

13.2 NAME

STREET ADDRESS

13.3 STREET ADDRESS

CITY-STATE-ZIP

13.4 CITY-STATE-ZIP

TITLE

13.5 TITLE

NAME

13.6 NAME

STREET ADDRESS

13.7 STREET ADDRESS

CITY-STATE-ZIP

13.8 CITY-STATE-ZIP

TITLE

13.9 TITLE

NAME

13.10 NAME

STREET ADDRESS

13.11 STREET ADDRESS

CITY-STATE-ZIP

13.12 CITY-STATE-ZIP

TITLE

13.13 TITLE

NAME

13.14 NAME

STREET ADDRESS

13.15 STREET ADDRESS

CITY-STATE-ZIP

13.16 CITY-STATE-ZIP

TITLE

13.17 TITLE

NAME

13.18 NAME

STREET ADDRESS

13.19 STREET ADDRESS

CITY-STATE-ZIP

13.20 CITY-STATE-ZIP

TITLE

13.21 TITLE

NAME

13.22 NAME

STREET ADDRESS

13.23 STREET ADDRESS

CITY-STATE-ZIP

13.24 CITY-STATE-ZIP

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3/27/96

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