

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90035 045 \*\*\*150.00

DOCUMENT # P92000005583

1. Entity Name

COASTAL REFRACTORY SERVICES, INC.

Principal Place of Business

532-2 HISTORIC KINGS ROAD S  
 JACKSONVILLE FL 32257  
 US

Mailing Address

PO BOX 24488  
 JACKSONVILLE FL 32241-4488  
 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

65-0370349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROY D  
 1533 RIVERGATE DR  
 JACKSONVILLE FL 32223

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!!!**  
**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           | PVST                  | <input type="checkbox"/> Delete            |
| NAME            | CARTER, ROY D         |                                            |
| STREET ADDRESS  | 1533 RIVERGATE DR     |                                            |
| CITY - ST - ZIP | JACKSONVILLE FL 32223 |                                            |
| TITLE           | D                     | <input checked="" type="checkbox"/> Delete |
| NAME            | CARTER, ROY D         |                                            |
| STREET ADDRESS  | 1533 RIVERGATE DR     |                                            |
| CITY - ST - ZIP | JACKSONVILLE FL 32223 |                                            |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |                                            |
| STREET ADDRESS  |                       |                                            |
| CITY - ST - ZIP |                       |                                            |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |                                            |
| STREET ADDRESS  |                       |                                            |
| CITY - ST - ZIP |                       |                                            |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |                                            |
| STREET ADDRESS  |                       |                                            |
| CITY - ST - ZIP |                       |                                            |
| TITLE           |                       | <input type="checkbox"/> Delete            |
| NAME            |                       |                                            |
| STREET ADDRESS  |                       |                                            |
| CITY - ST - ZIP |                       |                                            |

12.

|                 |  |                                                                   |
|-----------------|--|-------------------------------------------------------------------|
| 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 |  |                                                                   |
| 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 |  |                                                                   |
| 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)(b), 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 11 or Block 12 if changed, or on an attachment with address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Line)

5-23-01



Attachment  
D#P9200003593  
A072321

A Complete Refractory Installation Service

Approved Flooring Applicator

23 May 2001

Florida Department of State  
Annual Report Filings  
P. O. Box 6327  
Tallahassee, Florida 32314

I did not receive the Annual Report Filings for 2001, I called this Department and a lady named Marie told me to run off a copy on one my old reports which done. I am sorry for any inconveniences I caused anyone.

Thanking you in advance for your help.

Sincerely,

  
Roy Carter  
President