FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93597 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015099

1. Entity Name
Coastal Kayaks Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
291 Cubbedge Rd.
Suite, Apt. #, etc.
City & State: St. Augustine, FL
Zip: 32080 Country: USA

3. Mailing Address
291 Cubbedge Rd.
Suite, Apt. #, etc.
City & State: St. Augustine, FL
Zip: 32080 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3163662 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Brady A. Miller
Street Address (P.O. Box Number is Not Acceptable): 291 Cubbedge Rd.
City: St. Augustine FL Zip Code: 32080

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: Brady A. Miller Brady A. Miller President 5-10-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPT
NAME	Brady A. Miller
STREET ADDRESS	291 Cubbedge Rd.
CITY-ST-ZIP	St. Augustine, FL 32080
TITLE	DVS
NAME	Kimberly A. Miller
STREET ADDRESS	291 Cubbedge Rd.
CITY-ST-ZIP	St. Augustine, FL 32080
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brady A. Miller Brady A. Miller President 5-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #