

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 003 ***150.00

0430241 AV

DOCUMENT # P93000050204

1. Entity Name
COASTAL ISLAND PROPERTIES, INC.



Principal Place of Business
**180 ROYAL PALM WAY
SUITE 201
PALM BEACH FL 33480
US**

Mailing Address
**P.O. BOX 292
C/O R. STAMBAUGH
PALM BEACH FL 33480
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0466615**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAMBAUGH, REGINALD G
180 ROYAL PALM WAY, STE. 201
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STAMBAUGH, REGINALD G
180 ROYAL PALM WAY, STE 201
PALM BEACH FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 861-832-0272

CR2E034 (10/02)

Attachment

70056398
P930000050204

STAMBAUGH & TARONE, P.A.

Attorneys at Law
180 Royal Palm Way, Suite 201
Palm Beach, Florida 33480
Telephone: (561) 832-0272
Facsimile: (561) 832-0062

Reginald G. Stambaugh*
Theodore T. Tarone, Jr.

*Board Certified Real Estate Attorney
Licensed to Practice in Tennessee

May 5, 2003

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Coastal Island Properties, Inc.
Document # P930000050204

Dear Sir/Madam:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation, together with a check in the sum of \$150.00 in payment of the filing fees. I request that the Florida Department of State waive the penalty for late filing due to illness which resulted in my unavailability to complete and submit the form until today.

Thank you for your assistance. If you have any questions regarding the above, please do not hesitate to contact this office.

Sincerely yours,

STAMBAUGH & TARONE, P.A.



By: Reginald G. Stambaugh, Esq.

RGS:trc