

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P-93000075652**

1. Entity Name

COASTAL HEALTH-AGE BEVERAGES, INC.



FILED

03 MAY -2 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 50443

3. Mailing Address
PO Box 50443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lighthouse Point, Florida

City & State
Lighthouse Point, Florida

4. FEI Number
65-0445904

Applied For
Not Applicable

Zip
33074

Country
USA

Zip
33074

Country
USA

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

7. Name and Address of Current Registered Agent

Name **KENNETH S. Young**

Street Address (P.O. Box Number is Not Acceptable)
3100 N. Ocean Blvd

2401

City **Font Landenble**

FL

Zip Code
33308

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
Young, Kenenth S.
PO Box 50443**

(same)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000017870840
05/02/03--01032--015 **150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
Murray, Donald E
2884 NW 121 Drive**

(same)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
Cassaw, Larry R.
2791 Carrie Drive**

(same)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Kenneth S. Young - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(561) 213-0055

Daytime Phone #

CR2E034B (12/02)

2/5/5