

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077666

1. Entity Name

COASTAL RADIATOR-ALTERNATOR INCORPORATED

Principal Place of Business

Mailing Address

~~0079 3RD ST~~
NAVARRE FL 32566

~~0079 3RD ST~~
NAVARRE FL 32566-7533

2. Principal Place of Business

8103 3RD ST

3. Mailing Address

8103 3RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

NAVARRE FL

Zip

32566

Country

SANTA ROSA

Zip

32566

Country

SANTA ROSA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAWYER, FRANKLIN
7617 FORESTER RD.
NAVARRE FL 32566

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!!! FEE IS \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANNE SAWYER 7617 FORESTER RD. NAVARRE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAWYER, FRANKLIN D 7617 FORESTER RD. NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, JAMES R JR 7608 FORESTER RD. NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN D SAWYER

4-4-2000

Date

850 939 9919

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90019 050 ***150.00