

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

0037319

DOCUMENT # P93000077666

1. Entity Name

COASTAL RADIATOR-ALTERNATOR INCORPORATED

05-29-2001 90004 008 ***150.00

Principal Place of Business

Mailing Address

**8103 3RD STREET
 NAVARRE FL 32566**

**8103 3RD STREET
 NAVARRE FL 32566**

2. Principal Place of Business

8104 NAVARRE PKWY

3. Mailing Address

8104 NAVARRE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

NAVARRE FL

4. FEI Number **59-3214598**

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA

Zip

32566

Country

SANTA ROSA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAWYER, FRANKLIN
 7617 FORESTER RD.
 NAVARRE FL 32566**

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.

(NOT

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	JOANNE SAWYER	
STREET ADDRESS	7617 FORESTER RD.	
CITY-ST-ZIP	NAVARRE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAWYER, FRANKLIN D	
STREET ADDRESS	7617 FORESTER RD.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, JAMES R JR	
STREET ADDRESS	7608 FORESTER RD.	
CITY-ST-ZIP	NAVARRE FL 32566	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that any 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

See/Traps

4-15-01

Date

850 939 9919

Daytime Phone #

CR2E034 (10/00)