

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**  
 04-03-2002 90491 048 \*\*\*150.00

**DOCUMENT # P93000077666**  
 1. Entity Name  
**COASTAL RADIATOR-ALTERNATOR INCORPORATED**

Principal Place of Business Mailing Address  
**8104 NAVARRE PKWY 8104 NAVARRE PKWY**  
**NAVARRE FL 32566 NAVARRE FL 32566**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3214598** Applied For  
 Not Applicable

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 **James Moore**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7608 FORESTER RD**  
 City **Navarre** FL Zip Code **32566**

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 **James R Moore** **James R Moore** **03/28/02**  
 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>JOANNE SAWYER</b>
STREET ADDRESS	<b>7617 FORESTER RD.</b>
CITY-ST-ZIP	<b>NAVARRE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>SAWYER, FRANKLIN D</b>
STREET ADDRESS	<b>7617 FORESTER RD.</b>
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MOORE, JAMES R JR</b>
STREET ADDRESS	<b>7608 FORESTER RD.</b>
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 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: **James R Moore** **03/28/02** **850-939-9919**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)