

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028375

1. Entity Name

COASTLINE SEAWALL INC.

550 N.W. 16 ST

Principal Place of Business

Mailing Address

550 NW 16TH ST
POMPAÑO BEACH FL 33060

550 NW 16TH ST
POMPAÑO BEACH FL 33060-5454

2. Principal Place of Business (If different from 1.)

3. Mailing Address (If different from 1.)

Coastline Seawall Inc

550 N.W. 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano FL

Pompano FL

Zip

Country

Zip

Country

33060

Broward

33060

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKLAND, CLARENCE
550 NW 16TH ST
POMPAÑO BEACH FL 33060

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

Clarence Kirkland

4-22-2000

Signature, typed or printed name of registered agent and elects to do so.

(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 ☐ Delete
NAME D
STREET ADDRESS KIRKLAND, CLARENCE
CITY-ST-ZIP 550 NW 16 STREET
POMPAÑO BEACH FL 33060

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Clarence Kirkland

4-22-2000

954-781-3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE