

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046752

1. Entity Name

COASTAL INSURANCE REPAIRS, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90220 033 ***158.75

Principal Place of Business

Mailing Address

5345 FLAMINGO PLACE
COCONUT CREEK FL 33073
US

111 APRIL WATERS DR. N.
MONTGOMERY TX 77356-8826
US

2. Principal Place of Business

3. Mailing Address

141 April Point Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Montgomery, Tx

City & State

City & State

4. FEI Number

65-0503553

Applied For

Not Applicable

Zip

Country

77356

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPE, DAVID
5345 FLAMINGO PLACE
COCONUT CREEK FL 33073

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 PD ☐ Delete

NAME HYATT, KENNETH
STREET ADDRESS 3614 O'HENRY
CITY-ST-ZIP MONTGOMERY TX 77356

TITLE VPD ☐ Delete

NAME COPE, DAVID
STREET ADDRESS 5345 FLAMINGO PL.
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE STD ☐ Delete

NAME COX, DENISE
STREET ADDRESS 3614 O'HENRY
CITY-ST-ZIP MONTGOMERY TX 77356

TITLE VPD ☐ Delete

NAME HYATT, DAVID
STREET ADDRESS 3614 O'HENRY
CITY-ST-ZIP MONTGOMERY TX 77356

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 141 April Point Place
STREET ADDRESS Montgomery, Tx 77356
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Denise Cox
STREET ADDRESS 141 April Point Place
CITY-ST-ZIP Montgomery, Tx 77356

TITLE ☒ Change ☐ Addition

NAME 141 April Point Place
STREET ADDRESS Montgomery, Tx 77356
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Diane Karm
STREET ADDRESS 141 April Point Place
CITY-ST-ZIP Montgomery, Tx 77356

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00

409-447-4756

CR2E034 (9/99)