

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000046752**

1. Entity Name

**COASTAL INSURANCE REPAIRS, INC.****FILED****May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90030 001 \*\*\*150.00

Principal Place of Business <b>5345 FLAMINGO PLACE COCONUT CREEK FL 33073 US</b>	Mailing Address <b>141 APRIL POINT PLACE MONTGOMERY TX 77356 US</b>
---------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>65-0503553</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>COPE, DAVID 5345 FLAMINGO PLACE COCONUT CREEK FL 33073</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td><b>PD</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>HYATT, KENNETH</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>141 APRIL POINT PLACE</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>MONTGOMERY TX 77356</b></td><td></td></tr></table>	TITLE	<b>PD</b>	<input type="checkbox"/> Delete	NAME	<b>HYATT, KENNETH</b>		STREET ADDRESS	<b>141 APRIL POINT PLACE</b>		CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete																							
NAME	<b>HYATT, KENNETH</b>																								
STREET ADDRESS	<b>141 APRIL POINT PLACE</b>																								
CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td><b>VPD</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>COPE, DAVID</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>5345 FLAMINGO PL.</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>COCONUT CREEK FL 33073</b></td><td></td></tr></table>	TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	NAME	<b>COPE, DAVID</b>		STREET ADDRESS	<b>5345 FLAMINGO PL.</b>		CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete																							
NAME	<b>COPE, DAVID</b>																								
STREET ADDRESS	<b>5345 FLAMINGO PL.</b>																								
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td><b>STD</b></td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>COX, DENISE</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>141 APRIL POINT PLACE</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>MONTGOMERY TX 77356</b></td><td></td></tr></table>	TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete	NAME	<b>COX, DENISE</b>		STREET ADDRESS	<b>141 APRIL POINT PLACE</b>		CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete																							
NAME	<b>COX, DENISE</b>																								
STREET ADDRESS	<b>141 APRIL POINT PLACE</b>																								
CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td><b>VPD</b></td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>HYATT, DAVID</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>141 APRIL POINT PLACE</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>MONTGOMERY TX 77356</b></td><td></td></tr></table>	TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete	NAME	<b>HYATT, DAVID</b>		STREET ADDRESS	<b>141 APRIL POINT PLACE</b>		CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete																							
NAME	<b>HYATT, DAVID</b>																								
STREET ADDRESS	<b>141 APRIL POINT PLACE</b>																								
CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td><b>VP</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>KARM, DIANE</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>141 APRIL POINT PLACE</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>MONTGOMERY TX 77356</b></td><td></td></tr></table>	TITLE	<b>VP</b>	<input type="checkbox"/> Delete	NAME	<b>KARM, DIANE</b>		STREET ADDRESS	<b>141 APRIL POINT PLACE</b>		CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete																							
NAME	<b>KARM, DIANE</b>																								
STREET ADDRESS	<b>141 APRIL POINT PLACE</b>																								
CITY-ST-ZIP	<b>MONTGOMERY TX 77356</b>																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
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: *Kenneth R. Hyatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 936-447-4756

Date

Daytime Phone #

CR2E034 (10/00)