

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90021 016 ***150.00

DOCUMENT # P95000002739**1. Entity Name**
COASTAL MEAT BROKERS, INC.**Principal Place of Business****12900 VONN RD**
#E203
LARGO FL 33774
US**Mailing Address****PO BOX 1147**
CLEARWATER FL 34617
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3285330**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****COSTELLO, EDWARD****12900 VONN RD #E203**
LARGO FL 33774

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	COSTELLO, EDWARD	
STREET ADDRESS	12900 VONN RD #E203	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEFEVRE, JOHN J	
STREET ADDRESS	3186 CLAREMONT PL.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	GALAR, CYNTHIA M	
STREET ADDRESS	12900 131ST STREET N., STE. E203	
CITY-ST-ZIP	LARGO FL 34644	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Edward Costello* **Edward Costello, Pres.** **4-17-2002** **727-595-1834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)