01 UNIFORM BUSINESS REPORT (UBR)

UMENT # **P95000014956**

Name

COAST MARINE SPECIALISTS, INC.

lace of Business	Mailing Address
AVE N	10731 59TH AVE N
L 34642	SEMINOLE FL 34642

al Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
State	City & State

	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3302793**	Applied For
	Not Applicable

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
EVANS, H. MICHAEL 2123 NE COACHMAN RD SUITE A CLEARWATER FL 34625	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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, 2001 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

OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D OSTEEN, RUPERT ET ADDRESS 10731 59TH AVE N -ST-ZIP SEMINOLE FL 34642	☐ Delete	TITLE **P/D** NAME **OSTEEN, RUPE** STREET ADDRESS **10731 59th Ave N** CITY-ST-ZIP **SEMINOLE, FL 33774**	☒ Change ☐ Addition	CR2E034 (10/00)
F E EET ADDRESS -ST-ZIP	☐ Delete	TITLE **V** NAME **STROHAVER, JACK** STREET ADDRESS **6492 81st Ave N** CITY-ST-ZIP **PINELLAS PARK, FL 33781**	☐ Change ☒ Addition	
F E EET ADDRESS -ST-ZIP	☐ Delete	TITLE **V** NAME **BRING, ROBERT** STREET ADDRESS **714 FIRST ST** CITY-ST-ZIP **ST, PETERSBURG, FL 33701**	☐ Change ☒ Addition	
E EET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
F ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
F ET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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.

GNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #