

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040899

1. Entity Name

COASTAL ALUMINUM FABRICATION, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90039 018 \*\*\*150.00

Principal Place of Business

Mailing Address

515-E HERBERT ST  
PORT ORANGE FL 32119  
US

515-E HERBERT ST  
PORT ORANGE FL 32119-3846  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3319100

Applied For

Not Applicable

Zip

Country

Zip

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

PADGETT, GLENN R  
555 WEST GRANADA BLVD  
SUITE D-11  
ORMOND BEACH FL 32174

Name  
~~MOOERS, WILLIAM S.~~ Woerner Charles  
Street Address (P.O. Box Number is Not Acceptable)  
~~515-E HERBERT ST~~ 2001 S Ridgewood  
City ~~PORT ORANGE~~ DAYTONA FL Zip Code 32119

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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  
NAME MOOERS, WILLIAM S.  
STREET ADDRESS 218 NORTH BRIGHTON DR.  
CITY-ST-ZIP PORT ORANGE FL ☐ Delete

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

TITLE STD  
NAME PATTERSON, GARY  
STREET ADDRESS 900 CANAL VIEW BLVD.  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4690 HIDDEN LAKE DRIVE  
CITY-ST-ZIP PORT ORANGE, FL 32119 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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]* WILLIAM S MOOERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 322-7627

CR2E034 (9/99)