

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90206 011 \*\*\*150.00

DOCUMENT # P95 000065350  
1. Entity Name Coastal Sailing Adventures Inc

**DO NOT WRITE IN THIS SPACE**

868740

2. Principal Place of Business #687  
Oceanside Marina  
Suite, Apt. #, etc.  
5950 Peninsula Ave  
City & State  
Key West, Florida  
Zip  
33040 Country  
USA

3. Mailing Address  
28555 Jolly Roger Dr  
Suite, Apt. #, etc.  
Little Torch Key, FL  
City & State  
Zip  
33042 Country  
USA

4. FEI Number  
#650603774 Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
John Duke  
Street Address (P.O. Box Number is Not Acceptable)  
28555 Jolly Roger Dr  
Little Torch Key, FL  
City  
FL Zip Code  
33042

**DO NOT WRITE  
IN THIS SPACE**

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

6/4/2002  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Duke 28555 Jolly Roger Dr Little Torch Key, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Beatriz Duke 28555 Jolly Roger Dr Little Torch Key, FL 33042
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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE John Duke President

CR2F034R (12/01)