

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90155 033 ***150.00

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DOCUMENT # P95000055350

1. Entity Name
"COASTAL SAILING ADVENTURES INC."



Principal Place of Business
5950 PENINSULA AVE
DOCK 687
KEY WEST FL 33040

Mailing Address
28555 JOLLY ROGERS DR
SUMMERLAND KEY FL 33042

20000000



2. Principal Place of Business
Oceanside Marina #687
Suite, Apt. #, etc.
Key West, FL.

3. Mailing Address
28555 Jolly Rogers Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Little Torch Key, FL

4. FEI Number **65-0603774**

Applied For
 Not Applicable

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

Zip *33040* Country *USA* Zip *33042* Country *USA*

6. Name and Address of Current Registered Agent

DUKE, JOHN
28555 JOLLY ROGER DR
SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Duke* DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKE, JOHN 28555 JOLLY ROGER DR SUMMERLAND KEY FL 33042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUKE, BEATRIZ 28555 JOLLY ROGER DR SUMMERLAND KEY FL 33042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John Duke* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)