

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90480 013 ***150.00

DOCUMENT # P96000013067

1. Entity Name

COASTAL MEDICAL RESEARCH INC.

Principal Place of Business

Mailing Address

2701 S RIDGEWOOD
 C-3
 S DAYTONA FL 32119
 US

2701 S RIDGEWOOD
 C-3
 S DAYTONA FL 32119-3587
 US

2. Principal Place of Business

2701 S RIDGEWOOD

3. Mailing Address

2701 S RIDGEWOOD

Suite, Apt. #, etc.

C-6, C-7

Suite, Apt. #, etc.

C-6, C7

City & State

S DAYTONA FL

City & State

S DAYTONA FL

Zip

Country

32119

Zip

Country

32119

4. FEI Number

59-3358441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARDEE, TRISH
2701 S RIDGEWOOD C-3
S DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name
HARDEE, TRISH
 Street Address (P.O. Box Number is Not Acceptable)
2701 S RIDGEWOOD C-6, C-7
S DAYTONA
 City
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, 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUILLEM, ALVARO F.	
STREET ADDRESS	217 ROYAL VIEW	
CITY-ST-ZIP	PITTSFORD NY 14534	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEE, TRISH	
STREET ADDRESS	1721 ORANGETREE DR.	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLEM, MARY A	
STREET ADDRESS	217 ROYAL VIEW	
CITY-ST-ZIP	PITTSFORD NY 14534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEM, ALVARO F.	
STREET ADDRESS	371 WESTFORK, SUITE 1418	
CITY-ST-ZIP	IRVING, TX 75039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEM, MARY A.	
STREET ADDRESS	371 WESTFORK, 1418	
CITY-ST-ZIP	IRVING, TX 75039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

972-910-9858

Daytime Phone #

CR2E034 (9/99)