

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90208 031 ***150.00

DOCUMENT # P96000041475

1. Entity Name

COASTLINE MARINE SALES, INC.

Principal Place of Business

**3000 STATE ROAD 84
 SUITE C
 FORT LAUDERDALE FL 33312
 US**

Mailing Address

**3000 STATE ROAD 84
 SUITE C
 FORT LAUDERDALE FL 33312
 US**

2. Principal Place of Business

610 B University dr.

3. Mailing Address

610 B University dr.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33071

Country

US

Zip

33071

Country

US

6. Name and Address of Current Registered Agent

**LEQUERIQUE, RAY
 1086 N W 113TH WAY
 LAUDERHILL FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2002 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	<input type="checkbox"/> Delete
NAME	LEQUERIQUE, RAY	
STREET ADDRESS	1086 N W 113TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEQUERIQUE, MONIQUE	
STREET ADDRESS	1086 NW 113 TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)