

FILED

03 APR -7 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094685																																			
1. Entity Name COASTAL SALES & RENTALS, INC.																																			
Principal Place of Business 176 BAL. RAY DR. BAL HARBOUR, FL 33154 US		Mailing Address 176 BAL. RAY DR. BAL HARBOUR, FL 33154 US																																	
2. Principal Place of Business		3. Mailing Address																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
4. FEI Number 65-0708931		Applied For Not Applicable																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent GENERALOV, IGOR 176 BAL BAY DR. BAL HARBOUR, FL 33154		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. I am familiar with, and accept the obligations of registered agent.																																			
SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing) DATE _____																																			
FEE NOW!!! FEE IS \$150.00 After May 1, 2003 fee will be \$680.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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 _____		4.2.03 3058671133																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																	

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