

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000099114**

1. Entity Name

COASTAL LAND SURVEYING, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90351 019 ***150.00

Principal Place of Business

**824 S DIXIE HIGHWAY
HALLANDALE BEACH FL 33089**

Mailing Address

**7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433**

2. Principal Place of Business

1309 S.E. 1st St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAHO BEACH

City & State

Zip

33060

Country

USA

Zip

Country

4. FEI Number **65-0760394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****POSESS, CHARLES F
7015 BERACASA WAY, SUITE 201
BOCA RATON FL 33433**

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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D POSESS, CHARLES F 7015 BERACASA WAY, SUITE 201 BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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

4/24/01

Date

(561) 392-4100

Daytime Phone #

CR2E034 (10/00)