

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000001519**

1. Entity Name

COASTAL PRODUCTIONS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90171 043 ***150.00

Principal Place of Business

**1161 PALMER WOOD CT
SARASOTA FL 34236**

Mailing Address

**P O BOX 966
TALLEVAST FL 34270**

C0047008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0725228**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHIBLES, KATHRYN P
1963 POMPANO AVENUE NORTH
SARASOTA FL 34234**

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
PT	KERR, R. W. JR.	<input type="checkbox"/> Delete	
STREET ADDRESS	315 TIMBERLAKE DRIVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	BRADENTON FL 34210		
S	SHIBLES, KATHRYN	<input type="checkbox"/> Delete	
STREET ADDRESS	1963 POMPANO AVENUE NORTH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SARASOTA FL 34234		
D	KERR, KATHRYN	<input type="checkbox"/> Delete	
STREET ADDRESS	315 TIMBERLAKE DRIVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	BRADENTON FL 34210		
D	KERR, CYNDI	<input type="checkbox"/> Delete	
STREET ADDRESS	1903 POMPANO AVENUE NORTH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SARASOTA FL 34234		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **R. W. Kerr Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)