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2001 UNIFORM BUSINESS REPORT (UBR)

Aug 23, 2001 8:00 am Secretary of State DOCUMENT # P9700047511 07-18-2001 90002 036 ***150.00 COASTAL CRUISING CORPORATION 08-23-2001 90001 010 ***400.00 Mailing Address Principal Place of Business 1901 W OAK KNOLL CIR 1901 W OAK KNOLL CIR FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0756408 Not Applicable __Zip_____ Country \$8.75 Additional Country _ . 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STAMES, PETER Street Address (P.O. Box Number is Not Acceptable) 1901 W OAK KNOLL CIR FT LAUDERDALE FL 33324 City Zip Code FL 6. The above named entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE Change ☐ Addition Delete TITLE STAMES, PETER NAME NAME STREET ADDRESS STREET ADDRESS 1901 W OAK KNOLL CIR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Channe ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP= Change ☐ Addition BILE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusted employaged 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 attacl