

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066901

1. Entity Name

COASTAL WATERPROOF CHARTS, INC.

Principal Place of Business

4632 CENTRAL AVE
ST PETERSBURG FL 33711
US

Mailing Address

4632 CENTRAL AVE
ST PETERSBURG FL 33711
US

2. Principal Place of Business

1445 CENTRAL AVE.

Suite, Apt. #, etc.

3. Mailing Address

1445 CENTRAL AVE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

4. FEI Number

59-3484993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUFFINGTON, LINDA
4632 CENTRAL AVE
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

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

1445 CENTRAL AVE.

City

ST. PETERSBURG FL

Zip Code

33705

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 re-instating)

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

TITLE **P** ☐ Delete
NAME **LINDA BUFFINGTON**
STREET ADDRESS **4632 CENTRAL AVENUE**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

LINDA BUFFINGTON
Linda Buffington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 727-823-9248
Date Daytime Phone #

CR2E034 (10/00)

5/1/2001



DO NOT WRITE IN THIS SPACE

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90099 025 ***150.00