

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090111

1. Entity Name

COASTAL CHARTERS AND ENTERPRISES, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90020 029 ***150.00

Principal Place of Business

Mailing Address

9006 GARDENS GLEN CIRCLE
PALM BEACH GARDENS FL 33418

9006 GARDENS GLEN CIRCLE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

1942 SE ERWIN RD

1942 SE ERWIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port St. Lucie, FL

City & State

34952

Zip

ST. LUCIE

Port St. Lucie

City & State

34952

Zip

Country ST. LUCIE

Port St. Lucie



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0790502

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

KENNEDY, MICHAEL J
1801 AUSTRALIAN AVENUE SOUTH
SUITE 100
WEST PLAM BEACH FL 33409

Name

Kennedy, Michael J

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

515 N Flagler Dr

City

WPB

FL

Zip Code

33401

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SACKS, GEOFFREY
9006 GARDENS GLEN CIRCLE
PALM BEACH GARDENS FL 33418

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SACKS, Geoffrey
1942 SE ERWIN RD
Port St. Lucie FL 34952

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Geoffrey Sacks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01

51-622-3242

Date

Daytime Phone #

CP2E034 (10/00)