

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90441 035 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 997000096437

1. Entity Name

COASTLINE UTILITY CONTRACTORS, INC. ✓

DO NOT WRITE IN THIS SPACE

37683

2. Principal Place of Business
440 Marsh Landing Blvd.

3. Mailing Address
440 Marsh Landing Blvd.

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
59-3478853

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Paul M. Eakin, Esquire
Street Address (P.O. Box Number is Not Acceptable)
599 Atlantic Blvd.

Suite 4

City
Atlantic Beach FL Zip Code
32233

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

6/28/02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
Director - President
Luke, Thomas L.
440 Marsh Landing Blvd., Ste. 1
Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Denis, Beth
440 Marsh Landing Blvd., Ste. 1
Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/02