

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001822

1. Entity Name

COASTAL ULTRASOUND, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90006 011 ***150.00

Principal Place of Business

6449 DRIFTWOOD DRIVE
HUDSON FL 34667

Mailing Address

6449 DRIFTWOOD DRIVE
HUDSON FL 34667

2. Principal Place of Business

6449 Driftwood Dr

Suite, Apt. #, etc.

3. Mailing Address

6449 Driftwood Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hudson, FL

City & State

Hudson, FL

4. FEI Number

59-3497666

Applied For

Not Applicable

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITEMORE, CHARLES
5308 LEEWARD LANE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name Charles Whittemore

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

6449 Driftwood Dr.

City Hudson

FL

Zip Code

34667

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

Charles Whittemore Pres.

22501

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 PD
NAME WHITEMORE, CHARLES
STREET ADDRESS 5308 LEEWARD LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Charles Whittemore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22601

Date

727 8081522

Daytime Phone #

CR2E034 (10/00)

0423905