

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90173 004 ***150.00

DOCUMENT # P98000014544

1. Entity Name
THE COASTAL GROUP, INC.

Principal Place of Business

~~220 EAST BOCA RATON ROAD~~
~~BOCA RATON FL 33432~~
350 SE 1ST ST
Delray Beach, FL 33483

Mailing Address

750 S DIXIE HWY
BOCA RATON FL 33432
US

2. Principal Place of Business

350 SE 1st STREET

3. Mailing Address

350 SE 1st. STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0814551

Applied For

Not Applicable

Zip

Country

33483

Zip

Country

33483

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHNER, ESQ, LARRY E
750 S DIXIE HWY
BOCA RATON FL 33432

Name

DIANNE JORDAN

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

110 SE 4th. AVE

#102

City

DELRAY BEACH

FL

Zip Code

33483

4/16/02

SIGNATURE *Kathleen Sellers*
 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, 2002 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 ☐ Delete
 NAME **PSD**
 STREET ADDRESS **SELLERS, KATHLEEN R**
 CITY-ST-ZIP **220 E BOCA RATON RD**
BOCA RATON FL 33426

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **KATHLEEN SELLERS**
 STREET ADDRESS **3640 S. Ocean blud.**
 CITY-ST-ZIP **HIGHLAND BEACH. FL 33487**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Kathleen Sellers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

561-272-0018

Date

Daytime Phone #

CR2E034 (9/01)