

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024103

1. Entity Name

COASTAL COMMUNICATIONS TECHNOLOGIES, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90122 031 ***158.75

Principal Place of Business

2520 N.W. 16TH LANE
BAY 9
POMPANO BEACH FL 33064
US

Mailing Address

7320 ASHLEY SHORES CIRCLE
LAKE WORTH FL 33467-7614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0813027

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POGANY, WAYNE C
7320 ASHLEY SHORES CIRCLE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name Pogany, Lorelei
Street Address (P.O. Box Number is Not Acceptable)
7320 Ashley Shores Cir
City Lake Worth FL Zip Code 33467

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	POGANY, LORELEI	
STREET ADDRESS	7320 ASHLEY SHORES CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	Wayne C. Pogany	<input type="checkbox"/> Delete
NAME	Wayne C. Pogany	
STREET ADDRESS	7320 Ashley Shores Cir	
CITY-ST-ZIP	Lake Worth FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorelei Pogany	
STREET ADDRESS	7320 Ashley Shores Cir	
CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne C. Pogany	
STREET ADDRESS	7320 Ashley Shores Cir	
CITY-ST-ZIP	Lake Worth FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/15/00 (561) 434-4379