

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90044 034 ***158.75

80091617



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000024103
1. Entity Name
COASTAL COMMUNICATIONS TECHNOLOGIES, INC.

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

2. Principal Place of Business
15781 99th CT N
Suite, Apt. #, etc.

3. Mailing Address
15781 99th CT N
Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
West Palm Beach FL

Zip
33412

Country
USA

Zip
33412

Country
USA

4. FEI Number **65-0813027** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

POGANY, LORELEI
7320 ASHLEY SHORES CIR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name **Pogany, Lorelei**
Street Address (P.O. Box Number is Not Acceptable)
15781 99th CT N
City **West Palm Beach** **FL** **Zip Code** **33412**

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]* **DATE** **4/22/02**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POGANI, LORELEI		NAME	Pogany, Lorelei	
STREET ADDRESS	7320 ASHLEY SHORES CIR		STREET ADDRESS	15781 99th CT N	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POGANY, WAYNE C		NAME	Pogany, Wayne C.	
STREET ADDRESS	7320 ASHLEY SHORES CIR		STREET ADDRESS	15781 99th CT N	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/22/02** **954-881-1678**

CR2E034 (9/01)