FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 22, 2002 8:00 am Secretary of State DOCUMENT # P98000028966 09-22-2002 90059 032 ***150.00 COASTAL PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address 4404 3 AVE WEST 4404 3 AVE WEST PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 311 43 PST. DOD 3. Mailing Address 50 Bex 1218 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE --- City & State City & State 4. FEI Number Applied For 65-0835431 ALMETTO raume Tro Not Applicable Country Zip -Country \$8.75 Additional 5. Certificate of Status Desired うりょえ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANHOPE JORDO N STANHOPE, GORDON Street Address (P.O. Box Number is Not Acceptable) 4404 3 AVE WEST PALMETTO FL 34221 Zip Code د د ارد 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME STRIVHOPE, GORDON NAME NOCESON SECONDATE DICOID TO WED INE STREET ADDRESS 4404 3RD. AVE. W. STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-\$T-ZIP PALMETTO ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

EBECGORdow StanhopE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

ROME ASSOCIATES CPAs/Business Consultants

RA

611 26th St. W. Bradenton, FL 34205 (941) 748-4556 Fax: (941) 749-0014

September 6, 2002

P98000028966

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: Coastal Property Maintenance, Inc.

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Dear Sir or Madame:

Enclosed please find a check in the amount of \$150.00.

The business owner did not receive the 1st notice this year and requests you to abate the \$400.00 penalty. The business owner had a change in business address in 2002. If you check the history of this business you will see the business has in the past payed this fee in a timely manner.

Thanking you in advance for your consideration in this matter.

Singerely,

Jamie Clark