

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **998000039842**
1. Entity Name **COASTAL WORKS INC.** ✓

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90036 029 ***150.00

Principal Place of Business
1408 SUNSET LN
LOT 2, FL. 33549
(Formerly)
11295 GOLF BLVD. APT 4
TREASURE ISLAND, FL.
33306

2. Principal Place of Business
1408 SUNSET LN
Suite, Apt. #, etc.

3. Mailing Address
1408 SUNSET LN.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LOT 2 FL.

City & State
LOT 2 FL.

4. FEI Number
65-0830504
Applied For
Not Applicable

Zip
33549
Country
Hillsborough

Zip
33549
Country
Hillsborough

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

6. Name and Address of Current Registered Agent
Robert E. Coryer Jr.
1408 SUNSET LN.
LOT 2 FL. 33549

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT
ROBERT E. CORYER JR.
1408 SUNSET LN.
LOT 2 FL. 33549
☐ 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

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 empowerings.

SIGNATURE: **Robert E. Coryer Jr.** **Robert E. Coryer Jr.** **April 28/00** **(813) 949-8058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)