2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049919 1. Entity Name COASTAL, TRUST MANAGEMENT CORPORATION				Secretary of State 02-19-2002 90038 039 ***150.00			
Principal Place of Business 341 W OSCEOLA LANE COCOA BEACH FL 32931-3815 Mailing Address 341 W OSCEOLA LANE COCOA BEACH FL 32931		1815) (00) (00) (10) (00) (00) (00) (00) (00	TRIN BRIN 41418 (8/79 IRIB) I	1818 (B) (B\$)	
2. Principal Place of Business	3. Mailing Address						
8600 KINGEWOOD AVE Suite, Apt. #, etc.	KINGENOOD AVE 1980 N. ATLANTIC AVE						
	Suite 715			DO NOT WRITE	IN THIS SPACE		
CAPE CAMANERAL, FL.	COLOR BEACH	, FL.	4	59-3514890	 	Applicable	
Zip Country 32920	Zip 32931	Country	5	. Certificate of Status Desired	S8.75 Addit Fee Required		
6. Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Reg	istered Agent		
RASTELLO, ROBERT C 341 W OSCEOLA LANE COCOA BEACH FL 32931-3815			Address (P.O	Box Number is Not Acceptable	C VE		
		City	Caci	0	FL Zip Code		
SIGNATURE Signature, I/ped or printed name of registered agent ar 9. This corporation is eligible to satisfy its Intangible	ROBER ROBER (NOTE: F	egistered office of a company of the	RAS 70 ture required when	agent, or both, in the State of Floric	1-25-20 DATE		
Tax filing requirement and elects to do so. (See criteria on back)	Fee will be \$! to Departmen	550.00 it of State	10. Election Campaign Finan Trust Fund Contribution.	Added t			
III. OFFICERS AND D	DIRECTORS Defete	12.	P.D	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS Change	IN 11	
RASTELLO, ROBERT C 341 W OSCEOLA LANE COCOA BEACH FL 32931-3815		NAME STREET ADDRESS CITY-ST-ZIP	RASTE 1980 COCOT	LLO, ROBERT C N. ATLANTIC AV & BEACH, FL. 32	18, Suite ". 2931	715	
ITILE IAME STREET ADDRESS SITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		(,Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] Change	Addition	
3. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trivitee empower changed, or on an attachment with address, with the supplemental supple	rue and accurate and that my vered to execuse this report as	signature shall he required by Cha	ave the same apter 607, Flo	e legal effect as if made under oath	n; that I am an officer or opears in Block 11 or B	director lock 12 if	