

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90004 001 ***150.00

DOCUMENT # P98000058491

1. Entity Name
COASTAL STEVEDORING COMPANY

Principal Place of Business
100 TERMINAL DRIVE
FORT PIERCE FL 34946

Mailing Address
POST OFFICE BOX 1208
FORT PIERCE FL 34954



2. Principal Place of Business

3. Mailing Address

100 Terminal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Pierce, FL

4. FEI Number

31-1815802

Applied For

Not Applicable

Zip

Country

Zip

Country

34946

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARNELL, RICHARD M JR
1900 OLD DIXIE HIGHWAY
FORT PIERCE FL 34946

7. Name and Address of New Registered Agent

Name **Kenneth Roberts**

Street Address (P.O. Box Number is Not Acceptable)

100 Terminal Drive

City **Fort Pierce**

FL

Zip Code **34946**

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]*
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD REED, GLEN W 1900 OLD DIXIE HIGHWAY FORT PIERCE FL 34946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, TERRY 1900 OLD DIXIE HIGHWAY FORT PIERCE FL 34946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LESHE, WILLIAM J 1900 OLD DIXIE HWY FORT PIERCE FL 34946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dean King 672 Park Avenue Holland, MI 49423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dan Dykgraaf 555 Locust Dr. Holland, MI 49423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kenneth Roberts 100 Terminal Drive Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Randy King 5312 Dune Drift Dr West Olive, MI 49460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02
 Date

701 465 7700
 Daytime Phone #

CR2E034 (9/01)