

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000069754**

1. Entity Name

COASTAL REFLECTIONS, INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90078 002 ***150.00

Principal Place of Business

**1241 BLACKRUSH DR.
TARPON SPRINGS FL 34689**

Mailing Address

**1241 BLACKRUSH DR.
TARPON SPRINGS FL 34689-6241**

2. Principal Place of Business

1241 BLACKRUSH DR.
Suite, Apt. #, etc.

3. Mailing Address

1241 BLACKRUSH DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS FL.
Zip **34689** Country **FLORIDA**

City & State

TARPON SPRINGS FL
Zip **34689** Country **FLORIDA**

4. FEI Number

59-3527537

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SIEJA, SCOTT E
1241 BLACKRUSH DR.
TARPON SPRINGS FL 34689**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SIEJA, SCOTT	
STREET ADDRESS	1241 BLACKRUSH DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EWANIO, DONNA	
STREET ADDRESS	1241 BLACKRUSH DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMART, DAVID	
STREET ADDRESS	3233 FAIRMOUNT DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #