

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91171 036 \*\*\*150.00

**DOCUMENT # P98000069754**

1. Entity Name\*

**COASTAL REFLECTIONS, INC.**

Principal Place of Business

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

Mailing Address

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

**771365**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7806 SCRUB OAK CT.**

Suite, Apt. #, etc.

3. Mailing Address

**7806 SCRUB OAK CT.**

Suite, Apt. #, etc.

City & State

**HUDSON FL.**

Zip

**34667**

Country

**PASCO**

City & State

**HUDSON FL.**

Zip

**34667**

Country

**PASCO**

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!**  
**After MAY 1, 2001**  
**Make Check Payable**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P SIEJA</b>	<input type="checkbox"/> Delete
NAME	<b>SIEJA, SCOTT</b>	
STREET ADDRESS	<b>1241 BLACKRUSH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>EWANIO, DONNA</b>	
STREET ADDRESS	<b>1241 BLACKRUSH DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<del>MR</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SMART, DAVID</del>	
STREET ADDRESS	<del>6225 HARMOUNT DR</del>	
CITY-ST-ZIP	<del>HOUSTON TX 77061</del>	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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 #

CR2E034 (10/00)