

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000094752**

1. Entity Name

COASTAL ARTISTRY, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90111 012 ***150.00

Principal Place of Business

**8539 ROSALIND AVENUE
CAPE CANAVERAL FL 32920**

Mailing Address

**8539 ROSALIND AVENUE
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

8539 Rosalind Ave

Suite, Apt. #, etc.

Cape Canaveral,

City & State

Florida

Zip

32920

Country

Brevard

3. Mailing Address

8539 Rosalind Ave

Suite, Apt. #, etc.

Cape Canaveral, FL

City & State

Florida

Zip

32920

Country

Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3542974**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BOWMAN, GEORGE J
8539 ROSALIND AVENUE
CAPE CANAVERAL FL 32920**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BOWMAN, GEORGE J	
STREET ADDRESS	8539 ROSALIND AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, WAYNE	
STREET ADDRESS	206 CAROLINE STREET #604	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	

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		

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		

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		

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		

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:**George J. Bowman**
George Jeffery Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01 1-321-7843554

CR2E034 (10/00)

0076673