

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90195 019 ***150.00

DOCUMENT # P98000099488

1. Entity Name
COASTAL INSPECTIONS INC.

Principal Place of Business

**7945 MEADOW RUSH LOOP
 SARASOTA FL 34238**

Mailing Address

**7945 MEADOW RUSH LOOP
 SARASOTA FL 34238**

2. Principal Place of Business

8730 MYSTIC CIRCLE

3. Mailing Address

P.O. BOX 7137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

City & State

NORTH PORT, FL

4. FEI Number

65-0881082

Applied For

Not Applicable

Zip
34287

Country

U.S.A.

Zip

34287

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHERMAN, RAYMON
 7945 MEADOW RUSH LOOP
 SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name

SHERMAN, RAYMON

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

8730 MYSTIC CIRCLE

City

NORTH PORT

FL

Zip Code

34287

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 **Raymon Sherman RAYMON SHERMAN**

1-28-02

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

TITLE **P** ☒ Delete
 NAME **SHERMAN, RAYMON**
 STREET ADDRESS **7945 MEADOW RUSH LOOP**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SHERMAN, RAYMON** ☒ Change ☐ Addition
 NAME **P.O. BOX 7137**
 STREET ADDRESS **NORTH PORT FL 34287**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Raymon Sherman RAYMON SHERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

74-587-1059

Daytime Phone #

CR2E034 (9/01)