

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90025 004 ***150.00

DOCUMENT # P98000104376

1. Entity Name
COASTAL BLINDS, INC.



Principal Place of Business
**11701 CLEVELAND AVE
#2
FORT MYERS FL 33907**

Mailing Address
**11701 CLEVELAND AVE
#2
FORT MYERS FL 33907**

2. Principal Place of Business

**3949 Evans Ave
Suite, Apt. #, etc. #205**

3. Mailing Address

**3949 Evans Ave
Suite, Apt. #, etc. #205**

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

65-0892475

Applied For

Not Applicable

Zip

Country

33901 usa

Zip

Country

33901 usa

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CULLEN, TERESA

**12254 DOLPHIN ROAD
BOKEELIA FL**

**3949 Evans Ave #205
Fort Myers FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CULLEN, TERESA**
STREET ADDRESS **12254 DOLPHIN ROAD**
CITY-ST-ZIP **BOKEELIA FL**

TITLE **DST** ☐ Delete
NAME **BURTOFT, ERIC**
STREET ADDRESS **2700 SW SANTA BARBARA PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other IKA empowered.

SIGNATURE:

TERESA CULLEN Pres.

8/04/03

239-275-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)