

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024999

1. Entity Name

COASTAL STRUCTURES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2671 AIRPORT ROAD SOUTH #302
NAPLES FL 341122671 AIRPORT ROAD SOUTH #302
NAPLES FL 34112-4810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3562466

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JOSEPH D ESQ.
2671 AIRPORT ROAD SOUTH #302
NAPLES FL 34112

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 of applicable.

(NOTE: Registered Agent's signature required when renewing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	BASS, DORSEY L	
STREET ADDRESS	6878 WEDGEWOOD WAY PARK ROAD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	PT	☐ Delete
NAME	EWING, ANDREW B	
STREET ADDRESS	2671 AIRPORT ROAD SOUTH #302	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	V	☐ Delete
NAME	EWING, ZACHARY T	
STREET ADDRESS	2671 AIRPORT ROAD SOUTH #302	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	☐ Delete
NAME	EWING, ZACHARY B	
STREET ADDRESS	2671 AIRPORT ROAD SOUTH #302	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 118.07(3)(f), 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 holder 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 a changed life empowerment.

SIGNATURE: *JOSEPH D STEWART*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

01-26-00

941-643-0824

Date

Display Phone #

CR2ED04 (9/99)