

2001 UNIFORM BUSINESS REPORT (UBR)

0074399

1. Entity Name

P99000030380

COASTAL CONSTRUCTION SOUTHWEST, INC.

Principal Place of Business

5726 CORTEZ RD. #160
BRADENTON FL 34210

Mailing Address

5726 CORTEZ RD. #160
BRADENTON FL 34210

FILED

01 JAN -8 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

STATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0908140

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WICKMAN + WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name: EVELYN CAMEJO
Street Address (P.O. Box Number is Not Acceptable)
5726 CORTEZ ROAD WEST #160
City: BRADENTON FL Zip Code: 34210

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

Evelyn T. Camejo

(NOTE: Registered Agent signature required when reinstating)

05/JAN 2001

FILED

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees ☐

MARKS CHECK PAYABLE TO
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EVELYN T. CAMEJO 5726 CORTEZ RD. #160 BRADENTON FL 34210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EVELYN T. CAMEJO 5726 CORTEZ RD. #160 BRADENTON FL 34210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER PRESTON, E. MICHELLE 5726 CORTEZ RD. #160 BRADENTON FL 34210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS 100003536551--8 -01/12/01--0103--009	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	****908.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Evelyn T. Camejo 05/Jan 2001 941/748-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CP-5037 (10/00)