

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 20, 2000 8:00 am**
Secretary of State

07-20-2000 90017 002 ***158.75

DOCUMENT # **P990000088751**

1. Entity Name

COASTAL FORMS OF FLORIDA, INC. of

Principal Place of Business

Mailing Address

SAME**288 Clearlake Road**
Cocoa, FL 32922**A0068581**

DO NOT WRITE IN THIS SPACE

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

59-3599941

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **Charles Ingram**
STREET ADDRESS **1801 Hudson Drive**
CITY-ST-ZIP **Rockledge FL 32955**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (9/99)

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: **Charles Ingram**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President**Charles Ingram**

Date

7-11-00

Daytime Phone #

321-403-1716

COASTAL FORMS of FLORIDA, INC.

288 Clearlake Rd • Cocoa, FL 32922 • (407) 633-1365 • Fax (407) 633-1441

ATTACHED

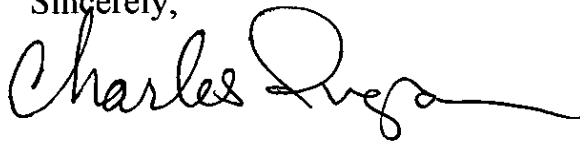
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ADD 68581

Dt: July 11, 2000
To: Division of Corporations
Fr: Charles Ingram
Re: URB form for 2000

We did not receive our annual copy of the Uniform business report. Please check the address we have listed for our form to be sent and please accept these forms along with our check. Should you have any other questions please feel free to contact us at the number supplied.

Sincerely,



Charles Ingram
President
Coastal Forms of Florida, Inc.
