

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098251

1. Entity Name
COASTAL FASTENERS AND FITTINGS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90031 001 ***150.00
05-23-2000 90031 002 *****8.75

Principal Place of Business
1692 COLLEGE PKWY
GULF BREEZE FL 32561

Mailing Address
1692 COLLEGE PKWY
GULF BREEZE FL 32561-2718

16297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1109A College Pkwy.
Suite, Apt. #, etc.

3. Mailing Address
1692 College Pkwy.
Suite, Apt. #, etc.

City & State
Gulf Breeze, FL
Zip
32561
Country
USA

City & State
Gulf Breeze, FL
Zip
32561
Country
USA

4. FEI Number
59-3606240
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOURQUE, CINDY L
1692 COLLEGE PKWY
GULF BREEZE FL 32561

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cindy L. Bourque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5-10-2000 (850) 934-9681
Date Daytime Phone #

DOC # P99 0000 98251

Attachment 16297

Dept. of State,

May 10, 2000

After a phone conversation with one of the employees at the help line # listed on this form, we were informed of our need to fill out the business report form. We were under the impression that since we were a new corporation & had not sold or bought anything as of yet, we were not obligated to fill this out. After realizing we needed to, we did. Please accept this at this date for the amount we have enclosed. We are brand new & quite frankly, have not made any money yet, and a late fee would be devastating to our financial well-being.

Sincerely,

Cindy L. Bourque