FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91754 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521929

1. Entity Name: COASTAL PAINTING & WATERPROOFING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1860 MEARS PARKWAY	C/O DUBROW DUKER
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2831 UNIVERSITY DR
City & State: MARGATE FL	City & State: CORAL SPRINGS FL
Zip: 33063 Country: BROWARD	Zip: 33071 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0239777 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DUBROW DUKER & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable): 2831 UNIVERSITY DR

City: CORAL SPRINGS FL Zip Code: 33071

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	TONY BRUNETTO
STREET ADDRESS	4910 NW 15 WAY
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VP
NAME	SHANE LOMIN
STREET ADDRESS	491 NW 42 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 3/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #