

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 & WATER PROOFING INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1860 MEARS PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

% DUBROW DUKEN

Suite, Apt. #, etc.

2832 UNIVERSITY DR

DO NOT WRITE IN THIS SPACE

City & State

MARLBATE FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0239777

Applied For

Not Applicable

Zip

33063

Country

BRUNSWICK

Zip

33071

Country

BRUNSWICK

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

DUBROW DUKEN & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)

2832 UNIVERSITY DR

City

CORAL SPRINGS

FL

Zip Code

33071

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

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 33076

TITLE

VP

NAME

SHANE LGWIN

STREET ADDRESS

491 NW 42 AVE

CITY- ST- ZIP

CORAL SPRINGS FL 33066

TITLE

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NAME

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STREET ADDRESS

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CITY- ST- ZIP

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STREET ADDRESS

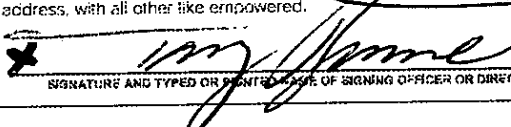
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/7/02

Daytime Phone #

CR2E034B (12/01)