

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90137 004 ***150.00

DOCUMENT # S55335

1. Entity Name
COASTAL PRESSURE SERVICES, INC.

Principal Place of Business
2556 DUDLEY DRIVE EAST
SUITE F
WEST PALM BEACH FL 33415

Mailing Address
2556 DUDLEY DRIVE EAST
SUITE F
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0263384**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ALBERT
2556 DUDLEY DRIVE EAST
SUITE F
WEST PALM BEACH FL 33415

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PST** ☐ Delete
 NAME **MARTIN, ALBERT**
 STREET ADDRESS **2556 DUDLEY DR EAST #F**
 CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MARTIN, ALBERT**
 STREET ADDRESS **2556 DUDLEY DR EAST #F**
 CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02 **561**
439-3253

CR2E034 (4/02)

L. A. WOODLEY, PA

Certified Public Accountant & Consultant

Attachment

975344

Member of
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

July 30, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

955335

Re: Coastal Pressure Services, Inc.
FEI# 65-0263384

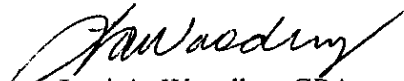
To Whom It May Concern:

Please find attached the 2002 Uniform Business Report with a check for \$150. Please know that the shareholder/manager does not recall receiving the original report and would of mailed the report timely if he had received it.

During the last year the shareholder/manager has been extremely ill and has been unable to attend to the business affairs of the business in the normal manner. If this had not been the case, he would have remembered that he had not received the form and contacted the State.

Please consider these circumstances and abate the penalty that has been assessed. We truly appreciate your time and consideration in this matter.

Respectfully,


Lori A. Woodley, CPA