

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 019 ***150.00

DOCUMENT # *S64834*
1. Entity Name
Coastline Marine, Inc.



DO NOT WRITE IN THIS SPACE

80061787

2. Principal Place of Business

P.O. Box 761
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 761
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm City, FL 34991
Zip
34991
Country
US

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Zip
34991
Country
US

4. FEI Number
65-0271889

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
MARCIA HARRIS

Street Address (P.O. Box Number is Not Acceptable)
1289 SW Dyer Pt. Rd.

City
Palm City FL Zip Code
34990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT
JERRY HARRIS
1289 S.W. Dyer Pt. Rd.
Palm City FL 34990*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VICE PRESIDENT
MARCIA HARRIS
1289 S.W. Dyer Pt. Rd.
Palm City FL 34990*

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia Harris
3/20/03 772-283-0964
Date Daytime Phone #

CR2E034B (12/02)