2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$68725** 1. Entity Name COASTAL CLAIM SERVICES, INC. Principal Place of Business Mailing Address BOX 1479 BOX 1479 PT SALERNO FL 34992-1479 PT SALERNO FL 34992 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State αiΣ Zip Country Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

GRAY, JOHN W.

STUART FL 34997

SIGNATURE

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11.

4679 S.E. GLENRIDGE TRAIL

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

GRAY, JOHN W.

GRAY, BARBARA R.

STUART FL

STUART FL

<u>VDS</u>

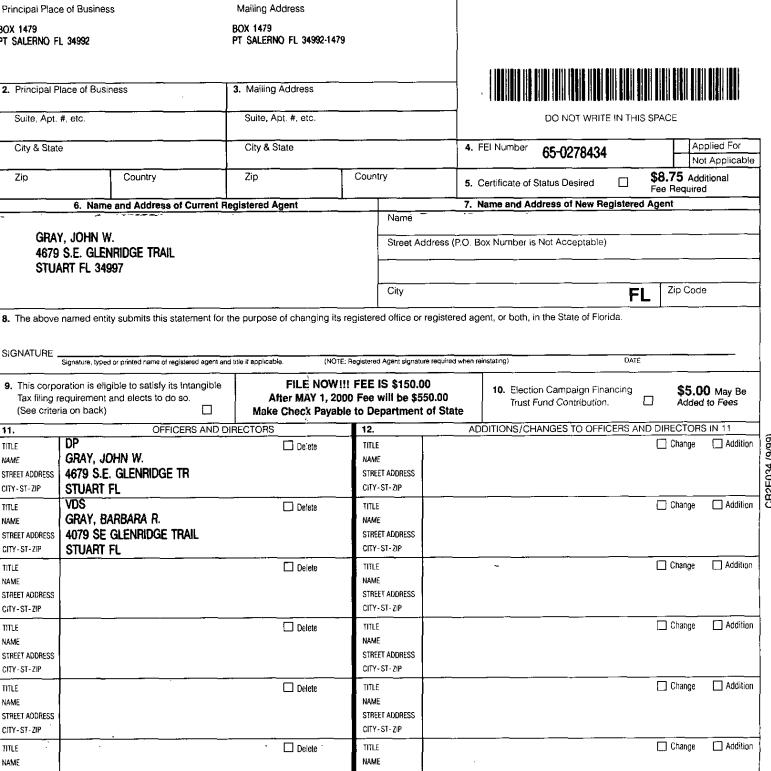
4679 S.E. GLENRIDGE TR

4079 SE GLENRIDGE TRAIL

(See criteria on back)

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90019 038 ***150.00



13. I hereby certify that the information supplied with this filling 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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

JOHN W GRAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-223 6366

Daytime Phone #