

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90191 024 ***150.00

DOCUMENT # V26885

1. Entity Name
COASTLINE DEVELOPMENT, INC.

Principal Place of Business
80 ROYAL PALM BLVD
SUITE 403
VERO BEACH FL 32950

Mailing Address
4105 SABAL PALM DRIVE
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0329752**

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

QUIGLEY, DENNIS
4105 SABAL PALM DRIVE
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE
 NAME **VTD QUIGLEY, DENNIS P.** ☐ Delete
 STREET ADDRESS **4105 SABAL PALM DR.**
 CITY-STATE-ZIP **VERO BEACH FL**

TITLE
 NAME **PSD QUIGLEY, KIMBERLY F. CR** ☐ Delete
 STREET ADDRESS **4105 SABAL PALM DR.**
 CITY-STATE-ZIP **VERO BEACH FL**

TITLE
 NAME **VP QUIGLEY, THOMAS G** ☐ Delete
 STREET ADDRESS **4105 SABAL PALM DRIVE**
 CITY-STATE-ZIP **VERO BEACH FL 32963**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/02 (772) 559-9117

0126299 AV

CR2E034 (9/01)