## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# H99553

City-St-Zip:

JACKSONVILLE, FL 32224 US

Secretary of State

Entity Name: COASTAL ELECTRIC COMPANY OF FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** 2759 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 2759 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246 US FEI Number: 59-3044054 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANDERS THOMAS J COASTAL ELECTRIC COMPANY OF FLORIDA 2759 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SANDERS, JEFFERY T Name: Name: 6906 POTTSBURG DR Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition SANDERS, THOMAS J Name: Name: SANDERS, THOMAS J 14620 SAN PABLO DR N 14620 SAN PABLO DR N Address: Address: JACKSONVILLE, FL JACKSONVILLE, FL City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition PHILLIPPE, GINI B Name: Name: 830 CHICOPIT LANE Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition SANDERS, ROBERT G SANDERS, ROBERT G Name: Name: Address: 14454 SAN PABLO DR. N. Address: 14454 SAN PABLO DR. N.

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

JACKSONVILLE, FL 32224 US

SIGNATURE: ROBERT G SANDERS EV 02/26/2002

Feb 26, 2002 8:00 AM