

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0016000

DOCUMENT # N99000000459

1. Entity Name

COASTAL OPERATIONS INSTITUTE, INC.

04-27-2001 90291 007 ****61.25

Principal Place of Business

6703 W. HWY. 98. BLDG. 452
 PANAMA CITY FL 32407

Mailing Address

6703 W. HWY. 98. BLDG. 452
 PANAMA CITY FL 32407

645894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3573554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, GLEN R
6703 W. HWY. 98, BLDG. 452
PANAMA CITY FL 32407

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRATTON, JIMMIE L	
STREET ADDRESS	4300 SAN MATEO BLVD., NE, STE.A-220	
CITY-ST-ZIP	ALBUQUERQUE NW 87110	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANTZLER, L N	
STREET ADDRESS	3000 S. HWY 77	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCSPADDEN, ROBERT PH.D	
STREET ADDRESS	5230 WEST HWY. 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINE, CHRIS	
STREET ADDRESS	415 BECKRICH RD #350	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARTMAN, DAVID H PHD	
STREET ADDRESS	215 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wright, Edward Ph.D.	
STREET ADDRESS	4750 Collegiate Drive	
CITY-ST-ZIP	Panama City, FL 32405	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 950-230-7301

Date

Daytime Phone #

CR2E037 (10/00)