

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90096 046 ****61.25

DOCUMENT # N99000000459

1. Entity Name
COASTAL OPERATIONS INSTITUTE, INC.

Principal Place of Business Mailing Address
6703 W. HWY. 98. BLDG. 452 PANAMA CITY FL 32407 **6703 W. HWY. 98. BLDG. 452 PANAMA CITY FL 32407**

UUIJOUJUZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 32069

City & State City & State
Panama City

4. FEI Number **59-3573554** Applied For Not Applicable

Zip Country Zip Country
32407-7001

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002, min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	D BRATTON, JIMMIE L 4300 SAN MATEO BLVD., NE, STE.A-220 ALBUQUERQUE NW 87110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTZLER, L N 3000 S. HWY 77 LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCSPADDEN, ROBERT PH.D 5230 WEST HWY. 98 PANAMA CITY FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINE, CHRIS 415 BECKRICH RD #350 PANAMA CITY BEACH FL 32407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARTMAN, DAVID H PHD 215 HARRISON AVE PANAMA CITY FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, EDWARD PH.D 4750 COLLEGIATE DRIVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: *[Signature]* **9/18/02 880-230-739**

CR2E037 (4/02)