FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: TOMMY LIKENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P00000099958 COASTAL BUILDERS OF N.W. FLORIDA, INC. 04-10-2001 90084 042 ***150.00 Principal Place of Business Mailing Address 285 LYNN DR. PO BOX 2031 SANTA ROSA BEACH FL 32459 FT. WALTON BEACH FL 32549 2. Principal Place of Business 3. Mailing Address 285 Lynn Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For xunta Rosa Beach 59-36*83588* Not Applicable -- Zip=1 -----\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATSON, FRANKLIN H PA Street Address (P.O. Box Number is Not Acceptable) 5365 E. COUNTY HWY 30A, #105 SEAGROVE BEACH FL 32459 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 "Tax filing requirement and elects to do so." Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) **PVST** Change TITLE ☐ Delete TITLE NAME NAME LIKENS, TOMMY 180 Hideaway Bay Prive Destin FL 28550 STREET ADDRESS STREET ADDRESS PO BOX 2031 CITY-ST-7IP CITY-ST-ZIP FT. WALTON BEACH FL 32549 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP 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.