2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074614

2000	ONIFORM BUSI	<u> </u>	FILED				
DOCUMENT # P96000074614 1. Entity Name					Jan 24, 2000 8:00 am Secretary of State		
COASTAL BUSINESS PRODUCTS, INC.					_		
	**************************************			01-24	-2000 90072 004 ***	150.00	
Principal Place of Business		Mailing Address					
339 NW RACETRACK ROAD		339 NW RACETRACK ROAD					
" = '		#24 FT, WALTON BEACH FL 32547-1581			nana1031		
us		US		(1 80 0.1 00) (1 10 100.1 0 6 70.77	(1201) 1001 (20 101) 101 101 101 101 101 101 101 101 1		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DON	DO NOT WRITE IN THIS SPACE		
Chull Chata		City & State		4. FEI Number	<u> </u>	Applied For	
City & State		City & state		59-3	406584	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status D	Desired \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current F	legistered Agent			of New Registered Agent		
WESTMORELAND, J. LOFTON 220 WEST GARDEN STREET SUN TRUST TOWER 9TH FLOOR			Name	and the second	-		
			Street	Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32501			City		FL Zip	Code	
8 The above	named entity submits this statement for	the number of changing its	registered office	registered agent, or both, in the St.			
e. The above	Hamed entry submits this statement for	the purpose of changing its	s registered office t	registered agent, or both, in the of	ato or riorida.		
SIGNATURE.	574	dayle the effective to the	T. Basistavad Apost sian	- convert when to install in a	DATE		
				re required when reinstating) .	UAIC		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00		FO OO IO. Election Carril	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
(See criteria on back)		Make Check Payal	ble to Departme	of State			
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC		
TITLE NAME	MAY, KIERAN	☐ Delete	TITLE NAME		☐ Ch	ange L. Addition	
STREET ADDRESS	339 NW RACETRACK ROAD		STREET ADDRESS				
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP				
TITLE NAME	DV May, Patrick J	☐ Delete	TITLE NAME		☐ Ch	ange 🔲 Addition	
STREET ADDRESS	339 NW RACETRACK ROAD		STREET ADDRESS			Ï	
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP				
TITLE	DT IDVINE BRICE	☐ Deleie	TITLE		☐ Ch	ange 🗌 Addition	
name Street address	IRVINE, BRUCE 339 NW RACETRACK ROAD	ده پیشند . انتیانهای ای ایک ایک د	NAME STREET ADDRESS	يسر بسيس ۽ انزيده ۾ ۽ دو اند	Light Amount to Light in the color		
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		□ Ch	ange 🔲 Addition	
NAME			NAME				

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 others like empowered. 8 S0

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition