

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081560

1. Entity Name

COASTAL REALTY & PROPERTY MANAGEMENT, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90169 034 ***150.00

Principal Place of Business

Mailing Address

3960 A1A SOUTH
 SUITE B
 ST. AUGUSTINE FL 32084

3960 A1A SOUTH
 SUITE B
 ST. AUGUSTINE FL 32084-6765

2. Principal Place of Business

10 Ocean Trace Rd.

Suite, Apt. #, etc.

3. Mailing Address

10 Ocean Trace Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

59-3407675

Applied For

Not Applicable

Zip

32084

Country

US

Zip

32084

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLIGOOD, JUDY S
 3960 A1A SOUTH
 SUITE B
 ST. AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

10 Ocean Trace Rd

City

St. Augustine

FL

Zip Code

32084

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME D ALLIGOOD, JUDY S
 STREET ADDRESS 3960 A1A SOUTH, SUITE B
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE Change Addition
 NAME
 STREET ADDRESS 10 Ocean Trace Rd.
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: *Judy S Alligood* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00
 Date

904471-6606
 Daytime Phone #

CR2E034 (9/99)