

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90362 007 ***150.00

DOCUMENT # P99000060869

1. Entity Name
COASTAL MARKETING GROUP, INC.

Principal Place of Business 1493 SCARLETT WAY GREN COVE SPRINGS FL 32043	Mailing Address 1493 SCARLETT WAY GREN COVE SPRINGS FL 32043
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725992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2233 Park Ave	3. Mailing Address 2233 Park Ave
Suite, Apt. #, etc. Suite 302	Suite, Apt. #, etc. Suite 302
City & State Orange Park, FL	City & State Orange Park, FL
Zip 32073	Country USA

4. FEI Number 59-3589537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARNER, RON
1493 SCARLETT WAY
GREN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent
 Name **RON GARNER**
 Street Address (P.O. Box Number is Not Acceptable)
2233 Park Ave - Suite 302
 City **ORANGE PARK** FL Zip Code **32073**

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 **RONALD A. GARNER President** *Ronald A. Garner* **8-06-01**
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, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME GARNER, RON	
STREET ADDRESS 1493 SCARLETT WAY	
CITY-ST-ZIP GREN COVE SPRINGS FL 32043	
TITLE	<input type="checkbox"/> Delete
NAME Charlotte W. Garner V.P.	
STREET ADDRESS 1493 Scarlett Way	
CITY-ST-ZIP Green Cove Springs FL 32043	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald A. Garner* **RONALD A. GARNER President 2/6/01 904-215-3788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)