

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91083 001 ***300.00

DOCUMENT # P99000092417

1. Entity Name
COASTAL CAPITAL CORP.

Principal Place of Business 8380 BAYMEADOWS ROAD SUITE 9 JACKSONVILLE FL 32246	Mailing Address 8380 BAYMEADOWS ROAD SUITE 9 JACKSONVILLE FL 32256-7435
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number 59-3618552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWIS, DAVID B
 12969 FALLENTREE DRIVE NORTH
 JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D LEWIS, DAVID B 12969 FALLENTREE DRIVE NORTH JACKSONVILLE FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	D MCGANN, LEWIS A II 2107 FAIRWAY VILLAS LANE SOUTH ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>Lewis, David B. Sec/Treas. 12969 Falldentree Dr. N. Jct, FL 32246</i>
<input type="checkbox"/> Delete	D DENGLER, KEVIN E 4671 HARPERS FERRY LANE JACKSONVILLE FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D LIBERT, SANDE M 2885 N. DEER AVENUE MIDDLEBURG FL 32068	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D LEITNER, PHILIP 1206 NW 3RD PLACE GAINESVILLE FL 32603	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D CLAYTON, BONNIE J 1541 6TH AVE NORTH JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 reports 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 904-739-9895
Date Daytime Phone #

CR2E034 (9/99)