

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 515351

1. Entity Name

COASTAL INVESTMENTS CORPORATION

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90075 034 ***150.00

Principal Place of Business

Mailing Address

~~13876 SW 56TH ST~~

~~13876 SW 56TH ST~~

~~STE 256~~

~~STE 256~~

~~MIAMI FL 33175~~

~~MIAMI FL 33175-0021~~

US

US

2. Principal Place of Business

2363 SKYVIEW DRIVE

3. Mailing Address

2363 SKYVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARYVILLE, TENNESSEE

City & State

MARYVILLE, TENNESSEE

Zip

37803

Country

Zip

37803

Country

4. FEI Number

59-1691738

Applied For

Not Applicable

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

SCOTT, ARTHUR R
13876 SW 56TH ST
STE 256
MIAMI FL 33175

Name

JEFFREY A. BERNSTEIN

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

100 NORTH BISCAYNE BLVD.

SUITE 1707 - NEW WORLD TOWER

City

Miami

FL

Zip Code 33132

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 | DP | <input type="checkbox"/> Delete |
| NAME | SCOTT, ARTHUR R | |
| STREET ADDRESS | 13876 SW 56TH ST, STE 256 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | ERICKSON, G C | |
| STREET ADDRESS | 13876 SW 56TH ST, STE 256 | |
| CITY-ST-ZIP | MIAMI FL | |
| 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 | | |

| | | |
|----------------|----------------------------|--|
| TITLE | DIR. PRES. TREAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, ARTHUR R. | |
| STREET ADDRESS | 2363 SKYVIEW DRIVE | |
| CITY-ST-ZIP | MARYVILLE, TENNESSEE 37803 | |
| TITLE | DIR. VP SECY. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERICKSON, GRACE C. | |
| STREET ADDRESS | 2363 SKYVIEW DRIVE | |
| CITY-ST-ZIP | MARYVILLE, TENNESSEE 37803 | |
| 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:

ARTHUR R SCOTT

4-21-00

865-380-5077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)