

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002988

**Entity Name:** COASTALSTATES MORTGAGE, INC.

**Current Principal Place of Business:**

5 BOW CIRCLE  
HILTON HEAD ISLAND, SC 29928

**Current Mailing Address:**

5 BOW CIRCLE  
HILTON HEAD ISLAND, SC 29928 US

**FEI Number:** 57-0761331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MACLEOD, JAMES S  
Address 5 BOW CIRCLE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title CFO, TREASURER, DIRECTOR  
Name VALDUGA, ANTHONY P.  
Address 5 BOW CIRCLE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title DIRECTOR, PRESIDENT, CEO  
Name SPIEHS, RICHARD  
Address 5 BOW CIRCLE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title SECRETARY  
Name LANGFORD, CAROL T  
Address 5 BOW CIRCLE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title DIRECTOR  
Name STONE, STEPHEN R.  
Address 5 BOW CIRCLE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title DIRECTOR, VP  
Name HEMBY, LAUREN  
Address 5 BOW CIRCLE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL T LANGFORD

**SECRETARY**

**06/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date