

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90228 009 ***150.00

03-07-2002 90228 009 ***150.00

DOCUMENT # 139984

1. Entity Name
COASTAL PETROLEUM COMPANY

Principal Place of Business

**29 AVE E
SUITE 208
APALACHICOLA FL 32329
US**

Mailing Address

**P.O. BOX 609
APALACHICOLA FL 32329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0674801

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

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

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, 2002 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 | D | <input type="checkbox"/> Delete |
| NAME | HEATH, BENJAMIN W. | |
| STREET ADDRESS | 1600 DOVE ST STE 415 | |
| CITY-ST-ZIP | NEWPORT BCH CA 92660 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MONROE JOHN D | |
| STREET ADDRESS | 2801 BOULDER CT | |
| CITY-ST-ZIP | SEBRING FL 33872 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WARE, PHILLIP W. | |
| STREET ADDRESS | 78-8 MARKET STREET | |
| CITY-ST-ZIP | APALACHICOLA FL 32320 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | JOYCE, JAMES R. | |
| STREET ADDRESS | 149 DURHAM ROAD, OAK PARK UNIT 31 | |
| CITY-ST-ZIP | MADISON CT 06443 | |
| 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"/> 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:

James R. Joyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

703 245-8380

Daytime Phone #

CR2E034 (9/01)