

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 337719

1. Entity Name

COASTAL RENTAL PROPERTIES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90072 040 ***150.00

Principal Place of Business

2923 164TH AVENUE NORTH
CLEARWATER FL 34620-1912

Mailing Address

2923 164TH AVENUE NORTH
CLEARWATER FL 33760-1912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1231273

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIPAOLLO, PHILIP III
2923 164TH AVE NORTH
CLEARWATER FL 33520

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCGREGOR, CHERYL
1046 ST.JAMES CROSSING
ATLANTA, GEORGIA 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCGREGOR, CHERYL
130 BLACKLAND ROAD
ATLANTA, GEORGIA 30342 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DIPAOLLO, PHILLIP III
2923 164TH AVE NORTH
CLEARWATER, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

33760 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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:

Philip D. Paolo III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-2000 (727) 531-1216

CR20014 (9/98)