

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90098 012 \*\*\*150.00

**DOCUMENT # 434536**

1. Entity Name  
**COASTAL CONSTRUCTION PRODUCTS, INC.**

Principal Place of Business Mailing Address  
 SERVICE ST. 1901 SERVICE ST.  
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3464

950189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1485185</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WILLIAM H HARRELL</b> <b>1901 SERVICE ST</b> <b>JACKSONVILLE FL 32207</b>				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 \_\_\_\_\_ (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	DVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLCORN, FRANK W IV			NAME			
STREET ADDRESS	833 SORRENTO ROAD			STREET ADDRESS	1901 SERVICE ST.		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELL, WILLIAM H			NAME			
STREET ADDRESS	948 HOLLY LANE			STREET ADDRESS	1901 SERVICE ST.		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELL, BARBARA H			NAME			
STREET ADDRESS	948 HOLLY LANE			STREET ADDRESS	1901 SERVICE ST.		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLCORN, FRANK W IV			NAME			
STREET ADDRESS	833 SORRENTO ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** *William H Harrell* **4/24/2001** **904-398-7177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)