

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 498608

1. Entity Name

COASTAL STEEL, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90038 003 ***558.75

UUU84343

Principal Place of Business Mailing Address
Lot #1 Contractors Row P.O. Box 22133
Lake Buena Vista, FL 32830 Lake Buena Vista
FL 32830

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

59-1662541

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Phillip Coxwell
480 River Mooring Drive
Merritt Island, FL 32953

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	PD	<input type="checkbox"/> Delete
NAME	Coxwell, Phillip V.	
STREET ADDRESS	480 River Moorings Drive	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Holmes, Gregory T.	
STREET ADDRESS	5465 Fishtail Palm Ave.	
CITY-ST-ZIP	Cocoa, FL 32926	<input type="checkbox"/> Delete
TITLE	VD	
NAME	Coxwell, Dale P.	
STREET ADDRESS	750 N. Atlantic Ave #603	
CITY-ST-ZIP	Cocoa Beach, FL 32831	<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
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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 another like empowered.

Gregory T. Holmes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres/Direct. 8/31/2000 407-827-4309

Date

Daytime Phone #

CR2E034 (9/99)