

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90124 032 ***150.00

UBR4311

DOCUMENT # 515351

1. Entity Name

COASTAL INVESTMENTS CORPORATION

Principal Place of Business

Mailing Address

~~2363 SKYVIEW DRIVE
 MARYVILLE TN 37803
 US~~

**1019 JANES MEADOW ROAD
 KNOXVILLE TN 37923**

2. Principal Place of Business

1019 JANES MEADOW ROAD

3. Mailing Address

1019 JANES MEADOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KNOXVILLE TN

City & State

KNOXVILLE TN

4. FEI Number

59-1691738

Applied For

Not Applicable

Zip

37932

Country

USA

Zip

37932

Country

USA

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

**BERNSTEIN, JEFFREY A
 100 N BISCAYNE BLVD
 STE 1707 NEW WORLD TOWER
 MIAMI FL 33132**

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, 2001 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	DPT	<input type="checkbox"/> Delete
NAME	SCOTT, ARTHUR R	
STREET ADDRESS	2363 SKYVIEW DRIVE	
CITY-ST-ZIP	MARYVILLE TN 37803	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	ERICKSON, G C	
STREET ADDRESS	2363 SKYVIEW DRIVE	
CITY-ST-ZIP	MARYVILLE TN 37803	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ARTHUR R.	
STREET ADDRESS	1019 JANES MEADOW ROAD	
CITY-ST-ZIP	KNOXVILLE TN 37932	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, G. C.	
STREET ADDRESS	1019 JANES MEADOW ROAD	
CITY-ST-ZIP	KNOXVILLE TN 37932	
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: Arthur R. Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR R. SCOTT

1-29-01 865-615-7331
 Date Daytime Phone #

CR2E034 (10/00)