

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 669585

1. Entity Name

COASTAL COMPUTER CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90012 017 ***150.00

Principal Place of Business

6100 WINKLER RD
STE A
FT. MYERS FL 33919
US

Mailing Address

6100 WINKLER RD
STE A
FT. MYERS FL 33919-8126
US

2. Principal Place of Business

3. Mailing Address

44 Barkley Circle
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

59-1992655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAY, GEORGE H.
6100 WINKLER ROAD, STE A
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SLAY, GEORGE H.	
STREET ADDRESS	6100 WINKLER RD STE A	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLAY, GLENN S.	
STREET ADDRESS	61 WINKLER RD STE A	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEATTIE, ROBERT	
STREET ADDRESS	61 WINKLER RD STE A	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHREINER, DEAN E	
STREET ADDRESS	61 WINKLER RD STE A	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Address Changes only		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	44 Barkley Circle		
STREET ADDRESS	FM 33907		
CITY-ST-ZIP			
TITLE	44 Barkley Circle		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	33907		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	44 Barkley Circle		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	33907		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	44 Barkley Circle		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	33907		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

(941) 275-1991

Daytime Phone #