

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 041 ***150.00

DOCUMENT # **F01000003495**

1. Entity Name

Coastal Cable, Inc. NIC NOT Filed

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 N. Halifax Ave.

Suite, Apt. #, etc.

Suite E

3. Mailing Address

PO Box 265520

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

58-2323069

Applied For

Not Applicable

Zip

32126

Country

USA

Zip

32118

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Richard VanOrd**

Street Address (P.O. Box Number is Not Acceptable)

1420 N. Atlantic Ave. #301

City **Daytona Beach**

FL

Zip Code

32126

**DO NOT WRITE
IN THIS SPACE**

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 **Richard VanOrd, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/23/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P
NAME	Richard VanOrd
STREET ADDRESS	1420 N. Atlantic Ave. #301
CITY-STATE-ZIP	Daytona Beach, FL 32118
TITLE	V
NAME	Kenneth Shepherd
STREET ADDRESS	3834 Cardinal St.
CITY-STATE-ZIP	Daytona Beach Shores, FL 32127
TITLE	
NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard VanOrd, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/02

Date

(386) 257-4997

Daytime Phone #

CR2E034B (12/01)