

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42401

1. Entity Name

COASTAL WHOLESALE, INC.

Principal Place of Business

1600 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33409
US

Mailing Address

20 N ORANGE AVE
STE 200
ORLANDO FL 32801
US

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

59-2124732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

TITLE PD
NAME HALL, A STEWART JR
STREET ADDRESS 20 N ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE TD
NAME ZEPF, J STEPHEN
STREET ADDRESS 20 N ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ASAT
NAME CLARK, JAY
STREET ADDRESS 20 N ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE S
NAME BUTTERFIELD, BENJAMIN P.
STREET ADDRESS 20 N ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE D
NAME HUGHES, DAVID H
STREET ADDRESS 20 N ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90103 001 *2,550.00

23734



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

1-16-01 407-841-7755