2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88914

Entity Name

COASTAL SERVICE EXPRESS, INC.

05-30-2000 90109 016 *****61.25
FILED F88914
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 AM 11:21

Principal Place of Business
NIMS LANE
BOX 7087
FL 32534-7087

Mailing Address
9540 NIMS LANE
P. O. BOX 7087
PENSACOLA FL 32534-7087

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number 59-2207923	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	City & State		
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent

MELVIN, JOHN G
601 FRANCES DR
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P MELVIN, JOHN G 601 FRANCES DR PENSACOLA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP CARDWELL, C GLENN 1512 SILVERRIDGE ROAD CANTONMENT FL	☒ Delete	TITLE NAME STREET ADDRESS 1328 JASPER ST. CITY-ST-ZIP CANTONMENT, FL. 32533	☒ Change ☐ Addition
T MELVIN, SHIRLEY A 601 FRANCES DR PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

DR 6/27

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: John G Melvin JOHN G. MELVIN 5-19-00 850-477-5188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)

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