

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F92000000802**

1. Entity Name

COASTLINE DISTRIBUTION, INC.

Principal Place of Business

**601 CODISCO WAY
SANFORD FL 32771**

Mailing Address

**601 CODISCO WAY
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHALIN, LAWRENCE J
225 E. ROBINSON STREET, SUITE 600
LANDMARK II CENTER
ORLANDO FL 32801**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	NELLES, MARK A	601 CODISCO WY	SANFORD FL 32771	<input checked="" type="checkbox"/> Delete	P	Perkins, Kenneth A.	601 Codisco Way	Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DVT	WALKER, JAMES P	601 CODISCO WY	SANFORD FL 32771	<input type="checkbox"/> Delete	V/T	Walker, James P.	601 Codisco Way	Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	LOGAN, BARRY S	2665 S BAYSHORE DR	COCONUT GROVE FL 33133	<input type="checkbox"/> Delete	V/S/D	Logan, Barry S.	2665 S. Bayshore Dr.	Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	NAHMAD, ALBERT H	2665 S BAYSHORE DR	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete	V/AS/D	Menendez, Ana M.	2665 S. Bayshore Dr.	Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	AT	Palmese, Daniel	2665 S. Bayshore Dr.	Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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

J. P. Walker, VP

4/20/01

Date

4-7-323-8500

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90326 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3151829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)