2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR F95000004253 DOCUMENT # 1. Entity Name COASTAL COOPERAGE, INC. Mailing Address Principal Place of Business 3566 COMMUNITY ROAD 3566 COMMUNITY ROAD BRUNSWICK GA 31520 **BRUNSWICK GA 31520**

3. Mailing Address

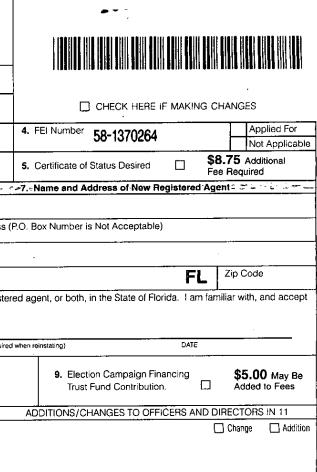
City & State

Zip

Suite, Apt. #, etc.

FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90131 013 ***150.00



								required		
	6. Name -بــ	and Address of Current R	legistered Agent		7.	Name and Address of New Re	gistered Agent	= = = -		
KARST, THOMAS H JR					Name Street Address (P.O. Box Number is Not Acceptable)					
4339 LAKE WOOD BOURNE DR.					Officer Address (1.0. pox fruither is not Acceptable)					
JACKSONVILLE FL 32217										
				City				ip 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution.		\$5.00 Added	May Be to Fees	
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	ECTORS	UN 11	
TITLE NAME STREET ADDRESS	120 DUNI	ON, HOLLY BARTON DR.	☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP	SAINT SI	MONS ISLAND GA 31522	<u> </u>	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 DUNI	ON, FARRIS W BARTON DR. MONS ISLAND GA 31522	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	پسر -· پ	ده ده در درسو	. 🗆 .	Change	Addition	
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Country

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip