

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G24373

1. Entity Name

COASTAL CONSOLIDATED SERVICES, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90056 004 \*\*\*150.00

Principal Place of Business

% PAUL S. HODGES  
400 PEGASUS AVE. SO.  
CLEARWATER FL 33765

Mailing Address

% PAUL S. HODGES  
400 PEGASUS AVE. SO.  
CLEARWATER FL 33765

2. Principal Place of Business

50 S BELCHER RD

3. Mailing Address

50 S BELCHER RD

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

Suite 115

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2260246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, PAUL S.

400 PEGASUS AVE. SO.  
CLEARWATER FL 33765

Name

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

50 S BELCHER RD #115

City

CLEARWATER

FL

Zip Code

33765

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 PD  
NAME HODGES, PAUL S.  
STREET ADDRESS 400 PEGASUS AVE. SO.  
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 50 S BELCHER RD #115  
CITY-ST-ZIP CLEARWATER FL 33765

☒ Change ☐ Addition

TITLE VD  
NAME OALMANN, WILLIAM F.  
STREET ADDRESS 400 PEGASUS AVE. SO.  
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 50 S BELCHER RD #115  
CITY-ST-ZIP CLEARWATER FL 33765

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

Paul S. Hodges Pres

27 APR 01

727-461-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)