

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00829

1. Entity Name

COASTAL STORAGE CORPORATION

Principal Place of Business

ONE TAMPA CITY CENTER, SUITE 2900
TAMPA FL 33602-5169

Mailing Address

1375 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442-1719
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1515864

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

ANDERSON, LARRY W
C/O STOR-ALL SYSTEMS INC
1375 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VDT	<input type="checkbox"/> Delete
NAME	BECKERS, RICHARD, DR.	
STREET ADDRESS	CLAUDIUSSTRASSE 38	
CITY-ST-ZIP	DUESSELDORF-NORD,WG	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKERS, GISBERT	
STREET ADDRESS	CLAUDIUSSTRASSE 38	
CITY-ST-ZIP	DUESSELDORF-NORD,W GER	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ANDERSON, LARRY	
STREET ADDRESS	1375 W HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90069 008 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)