

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68058

1. Entity Name

COASTAL MARCITING, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90201 044 ***158.75

Principal Place of Business

14288 PEACH ORCHARD RD.
BROOKSVILLE FL 34614

Mailing Address

14288 PEACH ORCHARD RD.
BROOKSVILLE FL 34614-3405

2. Principal Place of Business

14252 Trinity Road

3. Mailing Address

14252 Trinity Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-2512526

Applied For

Not Applicable

Zip

34614-3479

Country

USA

Zip

34614-3479

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, G. BARRY
696 FIRST AVE. NO. #201
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CAMP, JOSEPH A.
14212 PEACH ORCHARD RD.
BROOKSVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
SPARKMAN, C. CHARLES
14288 PEACH ORCHARD RD
BROOKSVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14136 Tranquility Lane
Brooksville, FL 34614 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Sparkman
Charles SPARKMAN
Vice Pres

Date

Daytime Phone #

3/25/00 3527966395

CR2E034 (9/99)