

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 am
Secretary of State**

02-08-2000 90151 048 ***150.00

DOCUMENT # J01578

1. Entity Name

COAST AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

**705 NORTH BEAL PARKWAY
FT WALTON BEACH FL 32547****705 NORTH BEAL PARKWAY
FT WALTON BEACH FL 32547-3044**

00009553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2643898Applied
Not Applied

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCALLISTER, RAYMOND H.
705 N BEAL PKWY
FT WALTON BEACH FL 32547**

Name

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

705 N. BEAL PKWY

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
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCALLISTER, RAYMOND H.
705 NO. BEAL PARKWAY
FT WALTON BEACH FL**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HIXSON, DOUGLAS B
24389 GULF BAY RD
ORANGE BCH AL 36561**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HIXSON, PHIL R
10015 OLD PASCAGOULA RD
THEODORE AL 36582**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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 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 #

RAYMOND H. McAllister**1/25/00****850/863-4522**