

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90272 050 ***158.75

DOCUMENT # J08720

1. Entity Name

TRI-COASTAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6529 AUTUMN WOODS BLVD.
 NAPLES FL 34109
 US

6529 AUTUMN WOODS BLVD.
 NAPLES FL 34109-7801
 US

2. Principal Place of Business

3. Mailing Address

853 Vanderbilt Beach Rd

P.O. Box 771479

Suite, Apt. #, etc.

Suite, Apt. #, etc.

336

City & State
NAPLES FL

City & State
NAPLES, FL

4. FEI Number **59-2687956**

Applied For
 Not Applicable

Zip
34108

Country
USA

Zip
34107-1479

Country
USA

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

SCHMIDT, COREY D
853 VANDERBILT BEACH RD
STE 336
NAPLES FL 34108

Name

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

336

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

Corey D. Schmidt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/00

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 **P** ☒ Delete
 NAME **SCHMIDT, COREY D**
 STREET ADDRESS **853 VANDERBILT BEACH RD-STE 336**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
 NAME **STE 336**

TITLE **VP** ☒ Delete
 NAME **SCHMIDT, JEANNIE S**
 STREET ADDRESS **853 VANDERBILT BEACH RD STE 336**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
 NAME **ste 336**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Corey D. Schmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/00

Daytime Phone #

(800) 330-1718