

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90072 049 ***158.75

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DOCUMENT # J10783
 1. Entity Name
COASTAL SOUTHERN, INC.

Principal Place of Business SONNY'S REAL PIT B-B-O 2400 ST.ANDREWS BLVD. PANAMA CITY FL 32405 US	Mailing Address SONNY'S REAL PIT B-B-O 2430 LISENBY AVENUE PANAMA CITY FL 32405-2169 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2557 Hunt Cliff Lane Suite, Apt. #, etc.	3. Mailing Address 2557 Hunt Cliff Lane Suite, Apt. #, etc.
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City & State Panama City, FL	City & State Panama City, FL	4. FEI Number 59-2698113	Applied For <input type="checkbox"/> Not Applicable
Zip 32405	Country USA	Zip 32405	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPBELL, TIMOTHY C
222 EAST 4TH STREET
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
 Name
Timothy J. Sloan
 Street Address (P.O. Box Number is Not Acceptable)
427 McKenzie Avenue
 City
Panama City FL Zip Code
32401

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 DATE **3/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	STVD LINDSEY, WAYNE 2430 LISENEY AVE PANAMA CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSEY, GEORGE M., III 2430 LISENBY AVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLOYD, HOWARD H. 2430 LISENBY AVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2557 Hunt Cliff Lane Panama City FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2557 Hunt Cliff Lane Panama City FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2557 Hunt Cliff Lane Panama City FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **3/18/02** DAYTIME PHONE # **850 763 4533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)