## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** J10783 DOCUMENT # 1. Entity Name 03-31-2003 90210 028 \*\*\*158.75 COASTAL SOUTHERN, INC. Principal Place of Business Mailing Address 2557 HUNT CLIFF LANE 2557 HUNT CLIFF LANE PANAMA CITY FL 32405 PANAMA CITY FL 32405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-2698113 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_---SLOAN -SLAON: TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 427 MCKENZIE AVENUE PANAMA CITY FL 32401 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE LINDSEY, WAYNE NAME NAME 2557 HUNT CLIFF LANE STREET ADDRESS STREET ADORESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE LINDSEY, GEORGE M., III NAME NAME 2557 HUNT CLIFF LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition FLOYD, HOWARD H. NAME STREET ADDRESS 2430 LISENBY AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE

12. 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 proceed to proceed the corporation of the receiver or trustee empowered to proceed to proceed the corporation of the receiver or trustee empowered to proceed to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the receiver or trustee empowered to proceed the corporation of the corp changed, or on an attachment with n address, with all ather like

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