## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 02, 2002 8:00 am

DOCUMENT # J30335  1. Entity Name		04-02-2002 90973 050 ***150.00
COASTAR MARKETING, INC.		
DO NOT WRITE IN THIS SPA	ACE	· 
Principal Place of Business     3. Mailing Address		B0057551
2. Principal Place of Business 8853 San Jose Blvd.  3. Mailing Address 8853 San Jose Suite, Apt. #, etc.  Suite, Apt. #, etc.	e Blvd.	△ DO NOT WRITE IN THIS SPACE
City & State  Jacksonville, FL 32217 City & State  Jacksonville,		4. FEI Number         Applied For           59-2951998         Not Applicable
Zip Country Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	NI	7. Name and Address of Current Registered Agent
DO NOT WRITE		DWIN PRESSER
IN THIS SPACE	8853 San	P.O. Box Number is Not Acceptable)  Jose Boulevard
	City I a	ksonville <b>FL</b> Zip Code 32217
Jacksonville FL 32217  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		
	4 72 1 4470 00	
Tay filing requirement and elects to do so.  After May 1,	1 Fee is \$150.00 Fee is \$550.00 IBR is \$61.25 to Department of Stat	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Amended U Make Check Payable  11.  OFFICERS AND DIRECTORS	Fee is \$550.00 IBR is \$61.25 to Department of Stat	Trust Fund Contribution. Added to Fees
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Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, Amended U Make Check Payable  11.  OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ORANGE PARK, FL 32973	Fee is \$550.00 IBR is \$61.25 to Department of Stat  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Trust Fund Contribution. Added to Fees
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Thereby certify that the information supplied with this hing does not quality 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 on an attachment with an address with all other like empowered.

SIGNATURE: BLADFOLD K. GOOD - PLESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-276-8822

Daytime Phone #