

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90004 019 ***150.00

DOCUMENT #

L33723

1. Entity Name

Coastal Computer Connections, INC.

Principal Place of Business

Mailing Address

3107 N. Davis Hwy.
Pensacola FL 32503
US

3107 N. DAVIS HWY
PENSACOLA FL 32503
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2979262

Applied For

Not Applicable

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

TOBIAS, VALI R.
3107 N. DAVIS HWY
PENSACOLA FL 32503

Name

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

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.

(NOT

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!
After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME	Vali Tobias	
STREET ADDRESS	3107 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAYNE WARD	
STREET ADDRESS	5480 N. SHORE RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	<input type="checkbox"/> Delete
NAME	Sarah Hamrick	
STREET ADDRESS	4746 PEBBLE CREEK DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	Sarah Hamrick	
STREET ADDRESS	4746 PEBBLE CREEK DR.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAYNE WARD	
STREET ADDRESS	5480 N. SHORE RD.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAH HAMRICK	
STREET ADDRESS	4746 PEBBLE CREEK DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAH HAMRICK	
STREET ADDRESS	4746 PebbleCreek Dr	
CITY-ST-ZIP	Pensacola FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Vali Tobias VALI TOBIAS

Date

Daytime Phone #

5-22-01 850 444 9411

CR2E034 (11/00)