## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

## **DOCUMENT # L62625** Apr 07, 2000 8:00 am Secretary of State COASTAL POWER, INC. 04-07-2000 90037 030 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 1837 P.O. BOX 1837 FORT WALTON BEACH FL 32549-1837 FORT WALTON BEACH FL 32549-1837 0.00034471 3. Mailing Address 2. Principal Place of Business 793 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3005784 Not Applicable \$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 tAM)LTOX HAMILTON, CARL T. SR. Street Address (P.O. Box Number is Not Acceptable) 700 ELISE LANE DESTIN FL 32541 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition PD TITLE TITLE ☐ Delete CARL T. HAMILTON, SR. NAME NAME HAMILTON, CARL T SR 1793 F.I.M. Blud. STREET ADDRESS STREET ADDRESS 1090 N BEAL PARKWAY FORTWA HONBEACH FL CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL ☐ Addition TITLE ☐ Delete TITLE GENEVIEUE W. HAMILTO HAMILTON, GENEVIEVE W NAME 1793 F.I.M. Blud STREET ADDRESS STREET ADDRESS 1090 N BEAL PARKWAY CITY-ST-ZIP CITY-ST-ZIP +-WALTON BEACH 3254 FORT WALTON BEACH FL ☐ Delete TITLE M Change TITLE HARRY L HAWKINS, JR. 1793 F.I. M. Blud. NAME HARRY, HAWKINS L JR. NAME STREET ADDRESS STREET ADDRESS 1090 N. BEAL PARKWAY CITY-ST-ZIP Ft. WA/toN BEACH CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

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