

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002124

1. Entity Name

COASTAL TRAILER & HITCH, L.C.

FILED

00 JAN 14 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2551 COASTAL HIGHWAY
MEDART FL 32327

Mailing Address

2551 COASTAL HIGHWAY
MEDART FL 32327-4886



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3547502

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYS, DANIEL M

2590 COASTAL HIGHWAY
CRAWFORDVILLE FL

Name

Hays, Daniel M
Street Address (P.O. Box Number is Not Acceptable)
2551 Coastal Hwy

City

Medart

FL

Zip Code

32327

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HAYS, DANIEL M
2551 COASTAL HIGHWAY
MEDART FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add
100003105741--6
-01/21/00--01/15/00
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HOLMES, REX
2551 COASTAL HIGHWAY
MEDART FL 32327 ☐ Delete

TITLE
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☐ Change ☐ Add

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #