2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002750 1. Entity Name COASTAL AIRPORT, L.C., 1					SECHETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 105 S. NAVY BOULEVARD PENSACOLA FL 32507		Mailing Address 105 S. NAVY BOULEVARD PENSACOLA FL 32507-3603			00 MAR 13 AM 11:56			
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 Applied For Not Applicable				
Zip Country		Zip			5. Certificate of Status Desired	S5.00 Add Fee Require		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Re	gistered Agent		
FIORENTINO, ANTONY E 105 S. NAVY BOULEVARD PENSACOLA FL 32507				Street Address City	dress (P.O. Box Number is Not Acceptable)			
SIGNATURE	named onthly submits this statement	int and title if applicable. (NOT	E: Registere	ed Agent signature require	red agent, or both, in the State of Flor Mand	JATE DATE	>¢	
		Make Check Pa	yable t					
9. FITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEN MGR FIORENTINO, ANTONY E 105 SOUTH NAVY BOULEVARI PENSACOLA FL 32507	Delete		LE	madditions/		months [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TENONOUS TE OZOOT	☐ Deleto	1			Change 180779 270001112- 50,00 *****	☐ Addition i ○	
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TETLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Deleto				☐ Change	Addition	
TITLE MAME STREET ADDRESS		☐ Delete		l		Change	Addition	
11 I hereby o	on this report is true and accurate a	with this filing does not qualify for and that my signature shall have tee empowered to execute this	the same	e legal effect as if s required by Char	ection 119.07(3)(i), Florida Statutes. I made under oath; that I am a managi oter 608, Florida Statutes.	further certify that the in ng member or manage	nformation r of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #