

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M000000000005

1. Entity Name

COASTAL PROPERTIES, L.L.C.

APPROVED
AND
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0030837 AB

Principal Place of Business

5913 HWY 53
POPLARVILLE MS 39470

Mailing Address

5913 HWY 53
POPLARVILLE MS 39470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0912964

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

AVERY, GERALD
6303 PLYMOUTH SORRENTO
APOPKA FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

400004275764--7
-05/22/01--01032--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAGAN, JENNIFER
5913 HWY 53
POPLARVILLE MS 39470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
GENTRY, APRIL S
5913 HWY 53
POPLARVILLE MS 39470

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☐ Change ☐ Addition

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: Jennifer L. Fagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 24, 2001 (228) 255-1141

Date

Daytime Phone #

CR2E083 (11/00)