

DOCUMENT # M67634

1. Entity Name

COASTAL BEAUTY SUPPLY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-20-2000 90210 009 ***150.00

Principal Place of Business Mailing Address
% LINN D. LOCKHART
5771-B YOUNGQUIST RD
FORT MYERS FL 33908

19141 Birch Rd
% LINN D. LOCKHART
5771-B YOUNGQUIST RD
FORT MYERS FL 33912-3630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc.
19141 Birch Rd
City & State
FT. Myers, FL 33912
Suite, Apt. #, etc.
City & State
FT. Myers, FL
Zip
33912 Country
US Zip
33912 Country
US

4. FEI Number 65-0033261 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOCKHART, LINN D.
5771 YOUNGQUIST ROAD
SUITE-B
FORT MYERS FL 33912
19141 Birch Rd

7. Name and Address of New Registered Agent
Name
Linn D. Lockhart
Street Address (P.O. Box Number is Not Acceptable)
19141 Birch Rd
City
FT. MYERS FL Zip Code
33912

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 Linn D. Lockhart by Jean Lockhart 1/14/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, LINN D.		NAME	Lockhart, Linn D.	
STREET ADDRESS	5771 YOUNGQUIST ROAD, SUITE B		STREET ADDRESS	19141 Birch Rd	
CITY-ST-ZIP	FORT MYERS FL		CITY-ST-ZIP	FT. Myers, FL. 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, MARIELLA H.		NAME	Lockhart, Mariella H	
STREET ADDRESS	5771 YOUNGQUIST ROAD, SUITE B		STREET ADDRESS	19141 Birch Rd.	
CITY-ST-ZIP	FORT MYERS FL		CITY-ST-ZIP	FT. Myers, FL. 33912	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linn D. Lockhart, Pres.		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linn D. Lockhart by Jean Lockhart 1/14/00 941-267-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #