## FILED 2003 FOR PROFIT CORPORATION Jul 09, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** M74989 DOCUMENT # 06-17-2003 90024 012 \*\*\*550.00 1. Entity Name COASTAL CARS, INC. Principal Place of Business Mailing Address 5024 ROSSELLE ST 5024 ROSSELLE ST JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For ity & State 4. FEI Number 59-2877814 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LLOYD, JOAN Street Address (P.O. Box Number is Not Acceptable) 5024 ROSSELLE ST JACKSONVILLE FL 32254 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00

Trust Fund Contribution. Make Check Payable to Florida Department of State

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete ☐ Change LLOYD, JOAN NAME NAME 5024 ROSSELLE ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE **Change** ☐ Addition TITLE NAME LLOYD, LAURA NAME 564 Central Ave #224 1716 STEINER ST STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94115 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AHachment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

6/17/2003-90024-012-\$550.00-\$550.00

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Make Check Psyshiotic Florids Department of State 10. OFFICERS AND DIRECTORS  TITLE  Pres  Toan Lloyd  STREET ADDRESS  CITY-ST-2IP  TITLE  MAME  Laura Lloyd  TITLE  MAME  STREET ADDRESS  CITY-ST-2IP  TITLE	Jar ⊒Ci	After May 1, Fee is \$550.00		_		.00 May Be	
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SIGNATURE: Dan Lland Joan Lloyd Pres 6-13-03 904 786-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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