

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0070100

DOCUMENT # M97000000671

1. Entity Name

COASTAL CREDIT, L.L.C.



FILED

2003 FEB 12 AM 11:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3852 VIRGINIA BEACH BLVD.
VIRGINIA BEACH VA 23452

Mailing Address

P.O. BOX 9410
VIRGINIA BEACH VA 23450-9410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-1859286

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ROSE, JOHN
STREET ADDRESS HERMITAGE SQUARE
CITY-ST-ZIP HERMITAGE PA 16148

TITLE ☐ Change ☐ Addition
NAME 000012387810
STREET ADDRESS 02/12/03--01051--019 **55.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME STOUT, MICHAEL
STREET ADDRESS 609 HAMSHIRE COURT
CITY-ST-ZIP CARMEL IN

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

TITLE MGR ☐ Delete
NAME MCKNIGHT, WILLIAM
STREET ADDRESS 3852 VIRGINIA BEACH BLVD.
CITY-ST-ZIP VIRGINIA BEACH VA 23452

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: WILLIAM E. MCKNIGHT 1/13/02 (757)340-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)