

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

0012575

DOCUMENT # **N96000006525**

1. Entity Name

**COASTAL FLIERS CORP.**

01-18-2001 90003 010 \*\*\*\*61.25

**C0005173**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4945 MOTOR YACHT DR JACKSONVILLE FL 32225 US</b>		Mailing Address <b>4945 MOTOR YACHT DR JACKSONVILLE FL 32225 US</b>		4. FEI Number <b>59-2638065</b>	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>GOOD, ARNOLD E MOTOR YACHT DR. JACKSONVILLE FL 32225</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOHENSHELT, KIM 14071 MYSTIC LANE JACKSONVILLE FL 32250</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WHALEN, MICHAEL 1660 BEACH AVENUE, #1 ATLANTIC BEACH FL 32233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOOD, ARNOLD 4945 MOTOR YACHT DRIVE JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD REUSSOW, CHARLES 3570 VICTORIA PARK RD JACKSONVILLE FL 32-216.</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **ARNOLD E. GOOD** **SIGNATURE REQUIRED** *ARNOLD E. Good* 1-6-01 904-645-9997  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)