

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90237 007 ****61.25

DOCUMENT # N96000006525

1. Entity Name

COASTAL FLIERS CORP.

Principal Place of Business

Mailing Address

**4945 MOTOR YACHT DR
 JACKSONVILLE FL 32225
 US**

**4945 MOTOR YACHT DR
 JACKSONVILLE FL 32225
 US**

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 **59-2638065**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOOD, ARNOLD E
 MOTOR YACHT DR.
 JACKSONVILLE FL 32225**

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 \$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	PD	<input type="checkbox"/> Delete
NAME	HOHENSHELT, KIM	
STREET ADDRESS	14071 MYSTIC LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHALEN, MICHAEL	
STREET ADDRESS	1680 BEACH AVENUE, #1	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOOD, ARNOLD	
STREET ADDRESS	4945 MOTOR YACHT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REUSSOW, CHARLES	
STREET ADDRESS	3570 VICTORIA PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32-216.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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* **ARNOLD E. GOOD** 1-10-02 904-645-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE