

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050120

1. Entity Name

COASTAL PROPERTIES & REALTY, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90354 032 \*\*\*150.00

Principal Place of Business

846 B. MAIN STREET  
CHIPLEY FL 32428

Mailing Address

101 MCKINLEY DR.  
BONIFAY FL 32425

2. Principal Place of Business

410 N. WAUKESHA

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 691

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Bonifay, FL

City & State  
Bonifay, FL

4. FFL Number  
59-3648830

Applied For  
Not Applicable

Zip  
32425

Country  
Holmes

Zip  
32425

Country  
Holmes

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEEL, COLBY ESQ.  
1314 JACKSON AVE.  
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	THURMAN, MARK M	
STREET ADDRESS	101 MCKINLEY DR.	
CITY-ST-ZIP	BONIFAY FL 32428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEAL, VIC	
STREET ADDRESS	208 HOOD AVE.	
CITY-ST-ZIP	FT. WALTON FL 32548	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMAN, MARK M	
STREET ADDRESS	P.O. Box 691	
CITY-ST-ZIP	Bonifay, FL 32425	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: MARK M. THURMAN, P.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Thurman 4/21/01 850 547-7336  
Date Secretary Phone #

CR2E034 (10/00)