

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90084 013 \*\*\*150.00

**DOCUMENT # P00000050120**

1. Entity Name

COASTAL PROPERTIES & REALTY, INC.

Principal Place of Business

410 N. WAUKESNA  
 BONIFAY FL 32425

Mailing Address

P.O. BOX 691  
 BONIFAY FL 32425

2. Principal Place of Business

695 - MASHES SAND RD

3. Mailing Address

P.O. Box 422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANACEA, FL

PANACEA, FL

Zip

Country

Zip

Country

32346 WAKULLA

32346 WAKULLA

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

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 Colby Peel, Esq.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME THURMAN, MARK M  
 STREET ADDRESS P.O. BOX 691  
 CITY-ST-ZIP BONIFAY FL 32425 ☐ Delete

TITLE PD  
 NAME THURMAN, MARK M.  
 STREET ADDRESS P.O. Box 422  
 CITY-ST-ZIP PANACEA, FL 32346 ☒ Change ☐ Addition

TITLE STD  
 NAME DEAL, VIC  
 STREET ADDRESS 208 HOOD AVE.  
 CITY-ST-ZIP FT. WALTON FL 32548 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pross 4/17/02 850-984-4949

Date

Daytime Phone #

CR2E034 (9/01)