2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90080 011 ***150.00

DOCUMENT # P00000095960

1. Entity Name
COASTAL GEMS REAL ESTATE, INC.

Principal Place of Business	Mailing Address
235 GULF BEACH DR. W., OFFICE F, BOX 106 ST. GEORGE ISLAND FL 32328	235 GULF BEACH DR. W., OFFICE F, BOX 106 ST. GEORGE ISLAND FL 32328

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3675182 ☐ 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
WILLIAMS, CAROL A ~~53 BEECHWOOD DR.~~ ~~CRAWFORDVILLE FL 32327~~ HOME ADDRESS CHANGE ONLY	Name CAROL A. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 931 584 GULF SHORE DR, DOG ISLAND City CARRABELLE FL Zip Code 32322

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] 02/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILLIAMS, CAROL A 235 GULF BEACH DR. W., OFFICE F, BOX 106 ST. GEORGE ISLAND FL 32328	☐ 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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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 607, 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: [signature] CAROL A. WILLIAMS 02/03/03 850-927-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00AS2250 AV

CR2E034 (10/02)