

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-25-2002 90446 013 ***150.00

DOCUMENT # **P0100000 25945**

1. Entity Name

Coastal Specialties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

725 W GULF Beach Dr

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St George Island FL

City & State

same

Zip

32328

Country

Franklin

Zip

Country

4. FEI Number

59-3707328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

96996

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kevin Boatwright

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

725 W GULF Beach Dr

City

St George Island

FL

Zip Code

32328

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President / Owner Kevin Boatwright 725 W GULF Beach Dr St George Island FL 32328</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02

Date

850 927-2666 ext 166

Daytime Phone #

CR2E034B (12/01)