

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90068 024 ***150.00

DOCUMENT # P01000059367

1. Entity Name

COASTLINE CONCRETE INC.

Principal Place of Business

10250 HUTCHISON BLVD
 UNIT A
 PANAMA CITY BEACH FL 32408
 US

Mailing Address

10250 HUTCHISON BLVD
 UNIT A
 PANAMA CITY BEACH FL 32408
 US

2. Principal Place of Business

2541 Feroi Lane

Suite, Apt. #, etc.

3. Mailing Address

2541 Feroi Lane

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

Zip

Country

32444 USA

Zip

Country

32444 USA

4. FEI Number

59-3725448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNARD, STEPHEN D
 9741 BEACH BLVD
 PANAMA CITY BEACH FL 32408

2541 Feroi Lane
 Lynn Haven, FL
 32444

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

Stephen D. Bernard President

4-25-02

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

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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	John P. Melville
CITY-ST-ZIP	5653 Crews Lake Road Ebro, FL 32437
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Meinda K. Moore
CITY-ST-ZIP	2541 Feroi Lane Lynn Haven, FL 32444
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Stephen D. Bernard
CITY-ST-ZIP	2541 Feroi Lane Lynn Haven, FL 32444
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 850-248-6900

Date

Daytime Phone #

CR2E034 (9/01)