2003 FOR PROFIT CORPORATION

FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90155 001 ***150.00

UNIFORM	BOSINESS REPU	KI (UBK	
OCUMENT # . Entity Name	P01000065401			
COASTAL LAND SURVEYORS, INC.				

COASTAL	LAND SURVEYORS, INC.						
Principal Place 2680-6FFFST SUITE-16F YULFF-TT-586	The of Business 34 N. 14th ST. Fernanding Buh.	Mailing Address 2880 CHRISTIAN WAY 3 (SUITE 101) Fe-	1 N. 14.	th 50	5. / 1400 AM 1000 AM 1000 AM	1 8811 88118 81181 81111 8181	
2. Principal F 3 4 N Suite, Apt	Place of Business Street	3. Mailing Address 3 4 N. L Suite, Apt. #, etc.	1 th Stre	re+			
City & Star	nanding FL	City & State	randi na	2 · 0	4. FEI Number 59-3727189	─	pplied For ot Applicable
3203	Country USA 6. Name and Address of Current R	32034	Country レ SA		Certificate of Status Desired Name and Address of New Re	\$8.75 Ad Fee Require	
2334 E. S	DLL, LORIE L CPA STATE RD. 200, STE. 300 DINA BEACH FL 32034	legistered Agent	Name Street A	ddress (P	C. Peq. O. Box Number is Not Acceptable)	cock J	
the obligat	e named entity submits this statement for itions of registered agent. Lucus Signature, typed or printed name of registered agent an	ch	egistered office or	registere		<u></u>	1
Afte Make Chec	KE.NOW!!!-FEE-IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		. <u> </u>	,	9. Election Campaign Fina Trust Fund Contribution	. Adde	00 May Be d to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PEACOCK, JAMES C JR 2500 CHRISTIAN WAY SUITE 101	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 34	ADDITIONS/CHANGES TO OFFICE 13/0eu+ Nes C Peacock Jo North 14th Stree Nanding Beach	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRANIE, DANIEL I JR 2680 CHRISTIAN WAY SUITE 101 YULFE FL 32097	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		MANDING BEACH	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLETTE, NICKEY E 2680 CHRISTIAN WAY SUITE 101 YULEE FL 32097	∫ X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u>.</u>		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP 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
indicated	certify that the information supplied with the on this report or supplemental report is t	rue and accurate and that my	ne exemption stat r signature shall h	eu iii sec ave the sa	ame legal effect as if made under oa	iuriner certify that the i ath: that I am an office:	or director

of the corporation or the receiver of rustee empowered to execute this proport 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:

Date