

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90022 003 ***150.00

0591234 AT

DOCUMENT # P01000109916

1. Entity Name

AM COASTAL ENTERPRISES, INC.

Principal Place of Business

**PO BOX 171
OAK HILL FL 32759**

Mailing Address

**PO BOX 171
OAK HILL FL 32759**

2. Principal Place of Business

450 E Halifax Ave

Suite, Apt. #, etc.

3. Mailing Address

Po Box 148

Suite, Apt. #, etc.

City & State

Oak Hill, FL

Zip
32759

Country

USA

City & State

Oak Hill, FL

Zip
32759

Country

USA

4. FEI Number

59-3755523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LITTRELL, ANNAMARIE
450 E HALIFAX AVE
OAK HILL FL 32759**

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

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 ☐ Delete
NAME **D LITTRELL, ANNAMARIE**
STREET ADDRESS **450 E HALIFAX AVE**
CITY-ST-ZIP **OAK HILL FL 32759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **D Littrell, Donald W.**
STREET ADDRESS **450 E Halifax Ave**
CITY-ST-ZIP **Oak Hill, FL 32759**

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

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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:

Anna Marie Littrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02
Date

(386)345-2031
Daytime Phone #

CR2E034 (9/01)