

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90129 037 ***150.00

DOCUMENT # P01000113113

1. Entity Name
COASTAL SURETY SERVICES, INC.



Principal Place of Business
**1101 GULF BREEZE PARKWAY
118
PENSACOLA BEACH FL 32561**

Mailing Address
**1101 GULF BREEZE PARKWAY
118
PENSACOLA BEACH FL 32561**



2. Principal Place of Business

1101 Gulf Breeze Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

118

City & State

Gulf Breeze

City & State

Zip

Country

FL

32561

Zip

Country

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0561373**

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

**WARNER, WILLIAM W JR
1390 FT. PICKENS RD., #233
PENSACOLA BEACH FL 32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
**D
WARNER, WILLIAM W JR
1390 FT. PICKENS RD., #233
PENSACOLA BEACH FL 32561**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

WILLIAM W. WARNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03
Date

850 916 455
Daytime Phone #

CR2E034 (10/02)