

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State
07-17-2003 90035 043 ***150.00

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DOCUMENT # P02000053987

1. Entity Name

COASTAL COMMERCE CORPORATION



Principal Place of Business
111 SECOND AVE NE STE 908
ST PETERSBURG FL 33701

Mailing Address
111 SECOND AVE NE STE 908
ST PETERSBURG FL 33701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

906 MONTEREY PT. N.E.

Suite, Apt. #, etc.

906 MONTEREY PT. N.E.

☒ CHECK HERE IF MAKING CHANGES

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

37-1433284

Applied For

Not Applicable

Zip

33704

Country

USA

Zip

33704

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
ONE HARBOUR PLACE,
777 S. HARBOUR ISLAND BLVD., STE. 500
TAMPA FL 33602

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00
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

TITLE	D	Delete
NAME	LEFORS, JOHN D	
STREET ADDRESS	906 MONTEREY PT NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	Delete
NAME	LEFORS, SHEILA A	
STREET ADDRESS	906 MONTEREY PT NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED PRESIDENT

7-15-03

727 560 5057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)