

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90100 006 ***150.00

DOCUMENT # P02000069156

1. Entity Name

COASTAL CONSTRUCTION AND PETROLEUM SERVICES, INC



Principal Place of Business

3723 LAFFITES WAY
YULEE FL 32097

Mailing Address

3723 LAFFITES WAY
YULEE FL 32097

2. Principal Place of Business

609 TAILEYRAND AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA

City & State

SAME

Zip

Country

32202

DUVAL

Zip

SAME

Country

SAME

4. FEI Number

043693619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name SAME

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

TITLE PVD
NAME LYNCKER, CAREY O.
STREET ADDRESS 3723 LAFFITES WAY
CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE SD
NAME LYNCKER, MARK D.
STREET ADDRESS 3723 LAFFITES WAY
CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE TD
NAME LYNCKER, CAROLYN Y
STREET ADDRESS 3723 LAFFITES WAY
CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CAREY O. LYNCKER SR ☐ Change ☐ Addition
STREET ADDRESS 609 TAILEYRAND AVE
CITY-ST-ZIP JACKSONVILLE FLA 32202

TITLE V-P
NAME CAREY O. LYNCKER JR ☐ Change ☐ Addition
STREET ADDRESS 609 TAILEYRAND AVE
CITY-ST-ZIP JACKSONVILLE, FLA 32202

TITLE
NAME CAROLYN Y. LYNCKER ☐ Change ☐ Addition
STREET ADDRESS 609 TAILEYRAND AVE
CITY-ST-ZIP JACKSONVILLE, FLA 32202

TITLE
NAME MARK D. LYNCKER ☐ Change ☐ Addition
STREET ADDRESS 609 TAILEYRAND AVE
CITY-ST-ZIP JACKSONVILLE, FLA 32202

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: CAROLYN LYNCKER 3-4-03 (904) 632-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)