

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038871

1. Entity Name

COASTAL EXPLORATION, INC.

FILED

00 JUL 13 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4200-2 BAYMEADOWS RD  
SUITE 11  
JACKSONVILLE FL 32217  
US

Mailing Address  
4200 BAYMEADOWS RD  
SUITE 11  
JACKSONVILLE FL 32217-4601  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
59-3190543

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
MATTSON, MICHAEL V.  
1001 BLACKSTONE BLDG.  
233 E. BAY ST.  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
Name  
I. F. + L. Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
200 N. LAURA STREET  
City  
JACKSONVILLE FL Zip Code  
32202

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 *Charley F. Hand* (NOTE: Registered Agent signature required when reinstating) DATE 6/2/00

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, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCURDY, O.W. JR.			NAME	MCCURDY, O.W. JR.		
STREET ADDRESS	13000 SAWGRASS VILLAGE CIR., STE 11			STREET ADDRESS	101 CONCH COURT		
CITY-ST-ZIP	PONTE VEDRA BEACH FL			CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREWER, DONALD R.			NAME			
STREET ADDRESS	3153 BRIDLEWOOD LANE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCURDY, SCOTT M			NAME			
STREET ADDRESS	8427 AMBER OAK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* 4-22-00 904-7311805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)