FILED May 01, 2003 8:00 am 8 Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P93000039267 DOCUMENT # 05-01-2003 90818 001 ***150.00 1. Entity Name COASTAL CAMPERS ASSOCIATES, INC. Principal Place of Business Mailing Address 28870 US 19 NORTH 28870 US 19 NORTH STE 230 STE 230 **CLEARWATER FL 33761 CLEARWATER FL 33761** Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3166671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDER, B. VAN WINKLE Street Address (P.O. Box Number is Not Acceptable) 14309 CLAMSHELL LA **HUDSON FL 34667** City 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, 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 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, Delete TITLE TITLE ☐ Change ☐ Addition van winkle, linder b NAME NAME 14309 CLAMSHELL LA STREET ADDRESS STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-7IP -☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 687, 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

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

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