

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037071

1. Entity Name
COASTAL PRINTING SERVICES, INC.

Principal Place of Business
9202 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32407
US

Mailing Address
9202 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32407
US

2. Principal Place of Business
123 Gwyn Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 18889
Suite, Apt. #, etc.

City & State
Panama City Beach, FL

City & State
Panama City Beach, FL

Zip
32408

Country
USA

Zip
32417-8889

Country
USA

4. FEI Number 59-3245521

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYSON, BRENDA R
9202 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32407

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.

SIGNATURE Brenda R. Bryson, President 01-07-02
Brenda L. Bryson, President 01-07-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BRYSON, BRENDA R
9202 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

123 Gwyn Dr.
P.O. Box 18889
Panama City Beach, FL 32417-8889

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: Brenda L. Bryson, President 01/07/02 850-233-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90014 050 ***155.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)