

DOCUMENT # P94000067271
1. Entity Name
COASTAL CONTROLS & DRIVES INC.

Principal Place of Business Mailing Address
3919 VERSAILLES DR. 3919 VERSAILLES DR.
TAMPA FL 33634 TAMPA FL 33634

2. Principal Place of Business 3. Mailing Address
3376-C Sunset Key Circle 3376-C Sunset Key Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Punta Gorda, FL Punta Gorda, FL
Zip Country Zip Country
33955 Lec 33955 USA

6. Name and Address of Current Registered Agent
DOUGLAS C. JACKSON
39119 VERSAILLES DRIVE
TAMPA FL 33634

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3376-C Sunset Key Circle
City Zip Code
Punta Gorda FL 33955

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 Douglas C Jackson
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. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PT JACKSON, DOUGLAS C 3919 VERSAILLES DR. TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3376-C Sunset Key Circle Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JACKSON, SUZANNE B 3919 VERSAILLES DR. TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3376-C Sunset Key Circle Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, KIM A 11702 BRANCH MOONEY DR. TAMPA FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Douglas C Jackson 01/03/01 (941)639-9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90014 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)