FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 15, 2001 8:00 am Secretary of State DOCUMENT # P94000093999 1. Entity Name 08-15-2001 90003 007 ***150.00 COASTAL MORTGAGE GROUP, INC. Principal Place of Business Mailing Address 800 20 PLACE 800 20 PLACE STE 2 STF 2 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3285726 Not Applicable ⁵Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENF, CINDIE L Street Address (P.O. Box Number is Not Acceptable) 2550 PALM BAY RD NE SUITE 205 PALM BAY FL 32905 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete LOGLISCI, VINCENT NAME NAME 3264 SEA DATS CIRCLE QUI WOODY CIRCLE STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL-32951 MELBOURNE BEACH CITY-ST-ZIP CITY-ST-ZIP FL 32951 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - - (Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 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

SIGNATURE:

changed, or on an attachment

ith an address, with all other like empowered

Attechments

C. L. HENF, PA **Certified Public Accountant**

2550 Palm Bay Road, Suite 205 Palm Bay, Florida 32905

Tel (321) 676-5338 Fax (321) 951-1129

Email: clhdebit@mindspring.com

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Coastal Mortgage Group, Inc.

Document #: P94000093999

Gentlemen:

The above corporation never received their original annual report form for year 2001. Recently, the taxpayer received the second request for filing with respect to this form. The form has been completed and forwarded with a check in the amount of \$ 150.00, made payable to the Secretary of State.

We kindly request that this check is accepted for the required filing fees associated with the 2001 Uniform Business Report. When making your determination we kindly ask that the taxpayer's history of compliance be taken into account.

Thank you for your assistance with this matter.

Sincerely,

134 Jan 1

C. L. Henf, PA

Certified Public Accountant

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