

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006158

1. Entity Name

COASTAL LOGISTICS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90173 012 ***150.00

Principal Place of Business

300 N. 2ND ST
SUITE 20
JACKSONVILLE BEACH FL 32250
US

Mailing Address

P.O. BOX 331477
ATLANTIC BEACH FL 32233-1477
US

2. Principal Place of Business

372 OSCEOLA AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

4. FEI Number

59-3289617

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUMANN, JAY A
107 TURTLE WALK
PONTE VEDRA BCH FL 32082

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	SCHUMANN, JAY	107 TURTLE WALK	
		PONTE VEDRA BEACH FL		

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:

SCHUMANN, JAY A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0419-00

9042419700

CR2E034 (9/99)