

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079711

1. Entity Name

COASTAL PROPERTY MANAGEMENT GROUP, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90035 011 \*\*\*158.75

Principal Place of Business

Mailing Address

1 SOUTH A STREET, #202  
PENSACOLA FL 32501

1 SOUTH A STREET, #202  
PENSACOLA FL 32501-5575

2. Principal Place of Business

3. Mailing Address

4400 Bayou Blvd

P.O. Box 9469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 52-B

City & State  
PENSACOLA, FL.

City & State  
PENSACOLA, FL.

4. FEI Number 59-3370634

Applied For

Not Applicable

Zip 32503

Country USA

Zip 32513

Country USA

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

NAPIER, PHILIP A  
1 SOUTH A STREET, #202  
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

4400 Bayou Blvd

Suite 52-B

City PENSACOLA

FL

Zip Code 32503

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 D ☐ Delete  
NAME NAPIER, PHILIP A  
STREET ADDRESS 1 SOUTH A STREET, #202  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4400 Bayou Blvd, Suite 52-B  
CITY-ST-ZIP PENSACOLA, FL. 32503

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/00

Date

850-857-1881

Daytime Phone #

CR2E034 (9/99)