

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005311

1. Entity Name
FLORIDA COASTAL DEVELOPMENT CONSULTING, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90040 034 ***150.00

Principal Place of Business
**35008 EMERALD COAST PKWY
SUITE 203
DESTIN FL 32541**

Mailing Address
**35008 EMERALD COAST PKWY
SUITE 203
DESTIN FL 32541**

2. Principal Place of Business

1429 CYPRESS STREET

3. Mailing Address

1429 CYPRESS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NICEVILLE, FLORIDA

City & State

NICEVILLE, FLORIDA

Zip

32578

Country

U.S.A

Zip

32578

Country

U.S.A.

4. FEI Number **59-3358733**

Applied For

Not Applicable

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

**HALL, STEVEN K
36468 EMERALD COAST PKWY
SUITE 2201
DESTIN FL 32541**

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, 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
**PST
SHIN, ONG-IN
35008 EMERALD COAST PARKWAY, SUITE 203
DESTIN FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SHIN, ONG-IN
1429 CYPRESS STREET
NICEVILLE FLORIDA 32578** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01 (850) 897-4141

Date

Daytime Phone #

CR2E034 (10/00)